Great Ormond Street Hospital for Children NHS Trust

Meeting of the Trust Board
29th June 2011

Dear Members

There will be a public meeting of the Trust Board on Wednesday 29th June 2011 commencing at **11:30am** in the **Charles West Room, Level 2, Paul O'Gorman Building,** Great Ormond Street, London, WC1N 3JH.

Company Secretary
Direct Line: 020 7813 8230
Fax: 020 7813 8218

AGENDA

	Agenda Item	Presented by	Attachment
	STANDARD ITEMS		
1.	**Apologies for absence**	Chair	
	Declarations of Interest The Chair and members of this meeting are reminded that if they have any pecuniary interest, direct or indirect, in any contract, proposed or other matter which is the subject of consideration at this meeting, they must, as soon as practicable after the commencement of the meeting disclose that fact and not take part in the consideration or discussion of the contract, proposed contract or other matter, nor vote on any questions with respect to it.		
2.	**Minutes of Meeting held on 25th May 2011**	Chair	**F**
3.	**Matters Arising / Action point checklist**	Chair	**G**
4.	**Chief Executive's Update** • **Safe and Sustainable Review Update** • **CQC visit (planned review)**	Chief Executive	
5.	**Zero Harm Report**	Co-Medical Director (ME)/ Peter Lachman	**H**
	ITEMS FOR DISCUSSION		
6.	**UCLP Back Office Update – Clinical and Corporate Support Programme**	Mr Edward Lavelle	**I and Presentation**
7.	**Members' Council Legacy Document**	Ms Dorothea Hackman, Associate	**J**
8.	**Annual Report 2010-11**	Company Secretary	**K**
	UPDATES		
9.	**Performance Report – Month 2**	Chief Operating Officer	**L**
10.	**Finance Report – Month 2 2011-12**	Chief Finance Officer	**M**
11.	**Foundation Trust Update**	Chief Operating Officer	**N**
12.	**Update on Research and Innovation including UCLP Research Activities**	Director of Research and Innovation	**O**

13.	**Patient and Public Involvement and Engagement Annual Report 2011**	Chief Nurse and Director of Education	**Q**
14.	**Annual Health and Safety report 2010-11**	Chief Executive	**R**
15.	**Trust Board Members' Activities**	Chair	**Verbal**

PRESENTATION

16.	**Clinical Unit Presentation (Haematology /Oncology/ BMT)**		**Presentation**

ITEMS FOR RATIFICATION

17.	**Consultant appointments**	Chair	**Verbal**

ITEMS FOR INFORMATION

(These items will not be discussed unless a Member gives prior notification of an intention to do so.)

18.	**Update from Clinical Governance Committee (June 2011)**	Mr Andrew Fane, Chair Clinical Governance Committee	**Verbal**
19.	**Audit Committee minutes – April 2011**	Mr Charles Tilley, Audit Committee Chair	**S**
	Update from Audit Committee (June 2011)		**Verbal**
20.	**Management Board minutes:**	Chief Executive	
	• **April 2011**		**T**
	• **May 2011**		**U**
21.	**UCL Partners Update**		**V**

22. **Any Other Business**

(Please note that matters to be raised under any other business should be notified to the Company Secretary before the start of the Board meeting.)

23. **Next meeting**

The next public Trust Board meeting will be held on Wednesday 29th June 2011 in the Charles West Room, Level 2, Paul O'Gorman Building, Great Ormond Street, London, WC1N 3JH.

ATTACHMENT F

Attachment F

Great Ormond Street Hospital for Children NHS Trust

Draft Minutes of the meeting of Trust Board held on 25 May 2011

Present

Baroness Tessa Blackstone	Chairman
Dr Barbara Buckley	Co-Medical Director
Prof Andy Copp	Non Executive Director
Dr Jane Collins	Chief Executive
Ms Fiona Dalton	Deputy Chief Executive
Mr Andrew Fane	Non-Executive Director
Ms Mary MacLeod	Non-Executive Director
Mrs Liz Morgan	Chief Nurse and Director of Education
Mrs Claire Newton	Chief Finance Officer
Mr Charles Tilley	Non-Executive Director

In attendance

Mr Stephen Cox	Head of Communications
Dr Anna Ferrant	Company Secretary

**Denotes a person who was present for part of the meeting*

52.	**Apologies for Absence**
52.1	Apologies for absence were received from Ms Yvonne Brown, non-executive director and Ms Dorothea Hackman, associate non-executive director.
53.	**Declarations of Interest**
53.1	No Declarations of Interest were raised.
54.	**Minutes of the Meeting Held on 30 March 2011**
54.1	The minutes of the meeting of 30 March 2011 were approved as an accurate record.
55.	**Matters Arising/Action Point Checklist**
55.1	**20.3** It was agreed that it was not realistic to access blood products from outside of the UK and that this action should be removed.

56.	**Chief Executive Update**
56.1	**Haringey Community Children's Services (HCCS) Update** The Chief Executive reported that Haringey children's services had transferred to the management of NHS Whittington at 12 Midnight on 23 May 2011.
56.2	**Safe and Sustainable** The Chief Executive reported that a review of the recent decisions around the location of paediatric cardiac surgery services was underway. It was agreed that the GOSH response to the outcome of the review should continue to be based around the quality of services available for children.
56.3	**UCL Partners Update** The Chief Executive informed the Board that the back office work programme was progressing well and that a draft proposal would be brought to the June Board meeting.
57.	**Zero Harm Report**
57.1	The Zero Harm Report was presented by Dr Peter Lachman, Consultant in Service Design and Transformation. Dr Lachman reported that there was no single measure of harm and no universally tested framework on which to base safety assessments. A kaleidoscope of measurements had been developed, based upon the Cincinnati Children's Hospital model of capturing harm, using tools such as the Paediatric Trigger Tool (PTT), harm index, infection index, medication index, Serious Incident (SI) reports and the use of patient stories to learn about incidents and their impact. Development of these indices enabled the Trust to compare itself with others.
57.2	The Medical Director stated that it was important to note that these measurements were not key performance indicators (KPIs) but ways of monitoring if our interventions were working. The measurements were continually being reviewed and modified.
57.3	The Chief Nurse and Director of Education welcomed the report and the opportunity to compare with other trusts and asked whether the format of the report could be applied to the clinical units and shared with other children's hospitals. Dr Lachman stated that he would like the units to collect similar data in the future and for us to link with other hospitals in the UK.
57.4	Mr Charles Tilley asked how the Board could be assured about the accuracy of the data. Dr Lachman stated that the data was robust and was continually being validated and corrected by clinicians.
57.5	The Chairman asked whether progress had been made in establishing a format for bringing the patient voice to the Board. Mr Andrew Fane stated that this matter had been discussed at the Clinical Governance

	Committee where it had been suggested this could be piloted. Dr Lachman requested permission to present a proposal on how to bring the patient voice to the Board. The Board agreed to this and that it should include both patient and staff experiences.
57.6	**Action**: Dr Lachman to present a proposal on how to bring the patient and staff voice to the Board in July 2011. The Board **noted** the report.
58.	**Annual Plan 2011-12 and review of key deliverables 2010-11**
58.1	The Chief Operating Officer presented the report which provided a summary of achievements of the previous year. It was agreed that item 15 on the agenda on the key deliverables for 2010/11 would also be considered as part of this report.
58.2	The Chief Operating Officer highlighted the achievements of the previous year, including development of the UCL Partners Back Office Programme, and financial plan achievements.
58.3	The 2011-12 plan was the final year plan for the existing 3 year objectives. Development plans had been established along with 8 key deliverables for the year. The report also included the clinical unit plans for 2011-12.
58.4	Mrs Mary Macleod stated that the key deliverables outlined at the beginning of the report tended to highlight those areas assessed as red or not delivered. It was important that the Trust communicated its achievements clearly and in a balanced way as many of the deliverables had been assessed as amber and green.
58.5 58.6	Mr Charles Tilley asked that the diagram on page 24 of the plan included reference to education and training (in the clinical unit strategies box) and bench marking (in the external context boxes). **Action**: The Chief Operating Officer to make the necessary amendments to the plan.
58.7	Professor Andrew Copp queried the data presented on the number of research applications reported for the Trust, stating that this data was aggregate data for both GOSH and the Institute of Child Health. The Chief Operating Officer stated that measuring the number of publications was a step forward in understanding the effectiveness of the Research and Innovation Department in supporting staff to undertake research. Professor Copp stated that it was also important to demonstrate the impact of research on the organisation. The Chief Executive agreed to discuss the matter with Professor Copp outside the meeting
58.8	**Action**: The Chief Executive to discuss the collation of data on research publications and impact of research with Professor Copp. The Board **approved** the annual plan 2011-12 subject to the discussions outlined above.

59.	**Quality Account 2011-12**
59.1	The Co-Medical Director (Professor Martin Elliott) presented the draft report. The purpose of the Quality Account was to make information available to our stakeholders on the quality of care provided and our priorities for improving this quality over the next year.
59.2	The Trust Board noted the considerable amount work underway to improve the quality of care at the Trust. The Trust Board **approved** the draft Quality Account.
60.	**Phase 2B Enabling Works Full Business Case**
60.1	The Director of Redevelopment presented the business case for investment in the relocation/ decanting works required to vacate the Cardiac Wing ready for the scheduled start of Phase 2B in August 2013.
60.2	The enabling works included the creation of Angio/ PACU facilities at VCB Level 3, the principles of which were endorsed at Management Board in February 2011. The Director of Redevelopment stated that programme of work required £25,082,551, the funding for which was being requested from GOSH Children's Charity Special Trustees.
60.3	The Trust Board had agreed that a Subcommittee of the Board meet to examine the business case and review the governance processes undertaken to date, including risk assessment. The proposal was for the Sub-Committee to make a recommendation as to whether or not this Full Business Case (FBC) should be approved.
60.4	The Sub-committee had met and agreed that the FBC fitted with the agreed Trust strategy, and with previous Trust Board decisions. The business case provided for improved accommodation, additional capacity, value for money and affordability. Further risk assessments would be undertaken in relation to the continued operation of the MRI scanners whilst the demolition of the upper floors was underway. However, it was noted that such demolitions on live buildings had been discussed with appropriate advisers and been assessed as being viable.
60.5	The proposed development was seen to enhance the GOSH estate and allow the Trust to bring in new boiler plant thereby reducing backlog maintenance costs.
60.6	Mr Charles Tilley asked the CFO to summarise the results of the revised financial assessment following the discussion at the sub-committee. CN reported that the project had been re-assessed and incorporated further benefits but by using a revised discount rate of 6%, the project had a negative NPV of £11.7m on an investment of £25.1m. This was because a key element of the project costs related to re-siting existing facilities in order to enable the main Phase 2B project to proceed. Although in the majority of the projects there would be improvements in

	location, configuration and rooms redecorated, the change would not result in additional revenues. The main driver of the project was to empty the upper floors of the Cardiac building to enable it to be fully redeveloped. . The Trust Board **approved** the business case on this basis.
61.	**Variety Club Building (VCB) Lifts Replacement**
61.1	The Director of Redevelopment presented the report and informed the Board that this was a key piece of work in advance of phase 2B. The current lifts in the Variety Club Building were past their economic life and had experienced a number of break downs. These lifts would be used to enter the new phase 2A building and needed to be fit for purpose. The status of the building programme provided an ideal opportunity to replace the cages.
61.2	Mrs Mary MacLeod asked what impact this work would have on disruption to the hospital and clinical care. The Director of Redevelopment explained that one lift would be refitted at a time and much of the work would be undertaken at night in order to minimise the disruption. A risk assessment had been undertaken to prioritise work and to consider the impact to affected teams.
61.3	The Chief Finance Officer advised the Board that this programme of work would need to be written off in 2011-12 accounts. The Board **approved** the business case for the VCB lift replacement.
62.	**Trust Board Membership**
62.1	The Chairman presented the report. The Board was informed that Mr Andrew Fane, Non-Executive Director would have served 10 years on the GOSH Trust board as at 31st October 2011. The Chairman, Tessa Blackstone had worked with the Appointments Commission to appoint his replacement and this appointment has been confirmed by the Appointment Commission.
62.2 62.3	It was proposed that the appointee commence working with the Trust Board as a 'designate non-executive director' from June 2011. A designate non-executive director did not have voting rights, but would be asked to make a full contribution to the Board's debates and discussions. The Trust Board **approved** the establishment of a designate non-executive director post for Mr Fane's replacement.
62.4	The interview panel was very impressed with the candidates short listed for the non-executive director position. In light of the suggested areas of expertise that a Trust Board should cover for the move towards authorisation as a Foundation Trust and the need to strive for a harder business edge whilst ensuring that the community focus dimension remains, the Chairman proposed that the Board appoint an additional designate non-executive director with commercial experience from June

	2011.
62.5 62.6	This position would not be able to fully appointed until the Trust had achieved Foundation Trust status and following approval from the Members' Council. An additional non-executive director position would take the complement of non-executive directors on the GOSH Trust Board to six non-executive directors plus the Chairman and would necessitate changes to the Trust's Constitution.
62.7	The Trust Board **approved** the proposal to appoint an additional designate non-executive director to the Trust Board and to seek endorsement of the position and appointee from the Members' Council, once authorised as a Foundation Trust.
63	**Example CRES Schemes**
63.1	The Co-Medical Director, Dr Barbara Buckley presented the report, and informed the board that the purpose of the CRES programme was to release monies and enable the Trust to be more efficient. This meant providing effective and safe care, so as to reduce the cost of treatment.
63.2	Each clinical unit had a CRES programme in place. Schemes were generated at unit level, reviewed and delivered. Each scheme was subject to a professional review of safety and if it was thought that CRES schemes were affecting safety, the matter was escalated. The Clinical Governance and Safety Team, Quality and Safety Committee and Management Board provided additional scrutiny.
63.3	A CRES Steering Board had also been established. This held bi weekly reviews of unit CRES programmes and signed off delivered schemes. The Co-Medical Directors and Chief Nurse as well as other clinicians attended these meetings and considered any related patient safety matters.
63.4	Dr Buckley highlighted two schemes where involvement of clinicians had ensured the safe and efficient implementation of the scheme – the CIVAS scheme and development of the Kuwait contract and assessment of the impact of this work on NHS work. The Trust Board **noted** the report.
64.	**Performance Report – Month 1**
64.1	The Chief Operating Officer presented the report. The report highlighted the following: • In April the Trust reported 2 cases of C. difficile, against a year-to-date target of 0.75. The Trust trajectory for the year was 9 cases. • The Trust had already breached the MRSA annual trajectory of 0 cases for 2011 by reporting 1 case in April. • Inpatients waiting list profile by weeks waiting - Performance had decreased in month with 100 patients reported as waiting over 26 weeks for inpatient treatment. • Clinic outcome form completeness -the overall performance had

	remained steady over the last few months at around 60%, with performance deteriorating to 50% in April. Due to a lack of achievement in this area, an 18 week pathway project group had been re-established with all pathway managers and operational managers invited. One of this group's key aims was to review and improve the process for how clinic outcomes were recorded, as well as education and training in this area. • Both clinical and non-clinical personal development plan rates had remained level at 73% against a target of 80%. Services and departments were encouraged to continue to review staff currently identified as not receiving an appraisal.
64.2	The Trust Board noted the content of the report but requested greater detail in the next report. The Chief Operating Officer agreed to send a copy of the KPI report to all Board members electronically.
64.3	**Action**: Chief Operating Officer to review the KPI report and ensure the necessary level of information is available to the Trust Board, highlighting areas of concern or improvement.
64.4	**Action**: Chief Operating Officer to email the full KPI report to the Trust Board following the meeting. The Trust Board **noted** the report.
65.	**Finance Report – Overview 0f 2010-11**
65.1	The Chief Finance Officer presented the report. The Board was informed that it had exceeded its 2010-11 financial plan. Income was ahead of Plan and patient activity had increased for a further successive year relative to the previous year's figures. The report highlighted that year-end cash had increased to over £32m from £8m due to the combined effect of the net operating surplus, reductions in debtors, increases in creditors, receipt of funding in advance and quicker payments from some PCTs of invoices immediately prior to the year end. The Trust had also achieved its CRES target for the year.
65.2	The Chair noted the positive results and congratulated the executive team for all their hard work.
66.	**Foundation Trust Update**
66.1	The Chief Operating Officer presented the report, and stated that there had been no change in assurance of achievement of the statutory targets criteria (rated amber) and that both hospital acquired infection indicators (c. diff and MRSA) were above trajectory. The overall finance assessment was also rated amber.
66.2	The Trust was awaiting response following the Department of Health review of the Trust's Foundation Trust application. In the meantime, work was underway to develop further the Trust's CRES plans. The Board **noted** the report.

67.	**Education Strategy Update**
67.1	The Chief Nurse and Director of Education presented the report which outlined the objectives and action plan for delivery of the strategy in its first year.
67.2	The plan focused on developing the Trust's existing workforce; ensuring that staff had the requisite skills and competencies to provide safe clinical care and to review the management and governance of the training system to ensure that it met the requirements of regulators and supported the Trust in developing its business in the future.
67.3	Mrs Mary MacLeod asked about relationship with London South Bank University and why the Trust was linked with this university rather than one closer to the Trust, such as University College London. The Chief Nurse explained that UCL did not provide the wide range of paediatric nursing education which was available from LSBU.
67.4	It was noted that a lot of work had been undertaken to develop simulation training systems at the Trust, which enabled multi-disciplinary approaches to training. The Trust Board **approved** the Education and Training annual plan.
68.	**Child Protection Annual Report**
68.1	The Chief Nurse and Director of Education presented the report, stating that it had been a very positive year for safeguarding across both the GOSH and Haringey sites, as evidenced by the positive feedback from external assessors during the year.
68.2	A new named doctor had been appointed for both sites and a new named nurse for the GOSH site. A note of thanks was offered to Theresa Murray at the Haringey site who had agreed to come out of retirement to fulfil the named nurse role whilst the Trust was recruiting to the post; and to Dr Larcher for his long term service as named doctor.
68.3	Social workers had been transferred to GOSH management and work was underway to consider future funding arrangements for the service. The Board **noted** the report.
69.	**Equality and Diversity Annual Report 2010-11**
69.1	The Chief Operating Officer and Co- Medical Director (Dr Barbara Buckley) presented the report explaining their different responsibilities for staff and patients.
69.2	The Chief Operating Officer reminded the Board that it had asked for a report into the apparent differential in disciplinary rates between white and BME staff. The University of Bradford Centre for Inclusion and Diversity was commissioned by the NHS to undertake research work on this subject. Their findings showed that of 80 NHS trusts who published data, BME staff were significantly overrepresented in disciplinary

	proceedings.
69.3	The reasons for this were complex, and included a lack of competence and confidence amongst line managers in applying performance and disciplinary policies to staff; BME staff being less aware of or not accessing sufficiently appropriate support e.g. union representation and BME staff appearing disproportionately in lower bands.
69.4	The Chief Operating Officer explained that the Trust had separated the management of disciplinary and competence issues; raised its rates for performance appraisals; offered access to mediation and provided training in equality and diversity issues. It was currently discussing mentoring with the Black, Asian and Minority Ethnic Network; and reviewing more innovative training and education in equality and diversity.
69.5	Mrs Mary MacLeod noted that 60% applications for posts at GOSH were received from BME applicants and 31% of all appointees were from a BME background. The Chief Operating Officer stated that every stage of the shortlisting process was undertaken anonymously. Work permit issues could also prevent appointment of staff.
69.6	The Chair noted that 67% of student nurses working at the Trust were from a BME background. The Board **noted** the report.
70.	**Trust Board Members Activities**
70.1	The Chair reminded the Trust Board that the staff awards ceremony would be held directly after the meeting.
70.2	The Chief Executive informed the Board that the Trust had received a visit from Earl Howe to review the quality and safety work underway and that the Countess of Wessex had visited the gastroenterology department. Dr Collins advised the Board that she had been invited to participate in a review of children's hospitals in Ireland by the Irish Government.
70.3	The Chief Executive asked the Board to note the updated version of the Statement of Purpose (a Care Quality Commission registration requirement), following the transfer of Haringey Children's Services to NHS Whittington. The Board **noted** the changes to the Statement of Purpose.
71.	**Consultant Appointments**
71.1	The Chairman advised Board Members that the following Consultants had been appointed since the last meeting:- Dr Despina Eleftheriou - Consultant In Rheumatology Dr Kiran Nistala - Consultant In Rheumatology Dr Gary Pollock - Consultant in Restorative Dentistry

	The Board **approved** the new Consultant appointments.
72.	**Patient Experience Action Team (PEAT) Assessment**
72.1	It was noted that a summary of the Patient Experience Action Team (PEAT) Assessment results had been included for information.
72.2	The report highlighted that the Trust had received a 'good' score for the environment assessment; an 'acceptable' score for the food assessment and a 'good' score for the privacy and dignity assessment. Work was underway to review nutritional assessment systems in the Trust and it was expected that this would deliver a significant impact in the PEAT score for 2012.
72.3	The Chairman asked if there were any questions or comments. There were none.
73.	**Overview of Committees as an FT**
73.1	It was noted that a paper outlining the committees that would be established when the Trust achieved Foundation Trust status and membership of these committees, had been included for information. The Chairman asked if there were any questions or comments. There were none.
74.	**Management Board – Minutes March 2011**
74.1	It was noted that the Management Board – Minutes March 2011 had been included for information. The Chairman asked if there were any questions or comments. There were none.
75.	**Any Other Business**
75.1	There were not items of any other business.
76.	**Date of the Next Meeting**
76.1	The date of the next meeting was confirmed as 29 June 2011.

ATTACHMENT G

ATTACHMENT G

TRUST BOARD - ACTION CHECKLIST
29 June 2011

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
195.6	24/11/10	The Chairman thanked Professor Goldblatt for his report and asked if his next report could include information on how the research conducted by UCL Partners was linking with global health initiatives.	DG	June 2011	On agenda
196.4	24/11/10	It was noted that a further report on the Management Board reporting structure would be submitted to the Trust Board Away Day.	AFe	Deferred to October 2011	Not Yet Due
17.2	27/04/11	An update on the six day working proposal would be provided later in the year.	FD	Sept 2011	Not Yet Due
17.4	27/04/11	Ms MacLeod said that a presentation received prior to the meeting about working with governors had highlighted the need for further work to clarify how patient, carers and the public members of the Trust engaged with the board and its subcommittees. It was agreed that the work would be revisited in the autumn once the Member's Council had been formed.	AFe	Oct 2011	Not Yet Due
57.6	25/05/11	Dr Lachman requested permission to present a proposal on how to bring the patient voice to the Board. The Board agreed to this and that it should include both patient and staff experiences.	Dr Peter Lachman	July 2011	Not yet due
58.6	25/05/11	Mr Charles Tilley asked that the diagram on page 24 of the plan included reference to education and training (in the clinical unit strategies box) and bench marking (in the external context boxes).	FD	June 2011	Actioned
58.8	25/05/11	Professor Andrew Copp queried the data presented on the number of research applications reported for the Trust, stating that this data was aggregate data for both GOSH	JC	June 2011	Verbal Update

ATTACHMENT G

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		and the Institute of Child Health. Professor Copp stated that it was also important to demonstrate the impact of research on the organisation. The Chief Executive agreed to discuss the matter with Professor Copp outside the meeting			
64.3 and 64.4	25/05/11	Chief Operating Officer to review the KPI report and ensure the necessary level of information is available to the Trust Board, highlighting areas of concern or improvement. Chief Operating Officer to email the full KPI report to the Trust Board following the meeting.	FD	June 2011	Actioned

Trust Board Meeting 29 June 2011	
Zero Harm Report **Martin Elliot Co-Medical Director**	**Paper No: Attachment H**

Summary

This paper informs the Board on an application for patient safety programme award requiring Board support.

Action required from the meeting
To support this application

Contribution to the delivery of NHS / Trust strategies and plans
This is one of the strategic objectives of the Trust

Financial implications
Nil

Legal issues Nil

What consultation has taken place Not Applicable

Who needs to be told about the policy? Not Applicable

Who is accountable for the monitoring of the policy? Not applicable

Author and date Peter Lachman

Zero Harm Report for the Trust Board
June 2011

1. Safer Clinical Systems

The Trust has decided to apply for a patient safety programme offered by the Health Foundation. We believe we have laid the foundation for patient safety and that this programme will add additional impetus to our Zero Harm aims.

“Safer Clinical Systems is a programme that takes a fresh and proactive approach to safety improvement. Rather than waiting until a problem has occurred, the programme helps healthcare teams pro-actively identify potential safety breaches, enabling them to build better, safer healthcare systems. “

Phase one of the programme began in 2008. Four project teams have identified problems with current clinical systems and worked to develop and test improvement interventions.

Phase two of the programme will commence in Autumn of 2011, supporting up to eight healthcare organisations to implement and test the defined approach developed in phase one. This work will focus on improving systems in two key areas: clinical handovers and prescribing.

The Health Foundation funds the programme with technical support provided by a consortium from the University of Warwick. Up t o£150000 over two years is provided.

The Trust has assembled a team lead by Dr Jane Valente and supported by the Transformation Team. Dr Barbara Buckley will be the Executive sponsor.

The Heath Foundation is keen that the Trust Board supports the project and enables the project team to participate and be successful. If a Non Executive member could be the Board sponsor, then the project will have added support.

The Board is requested to note and to support the application.

2. Zero Harm report

- Following the May meeting the Transformation Analysts are working on the new dashboard. As this will be different from the previous one, and needs the clarification of definitions and sourcing of new data, this dashboard will take approximately 2 months to develop.
- It is hoped to develop a dashboard that uses the same definitions as those used in Cincinnati Children's Hospital.
- This will allow for further collaborative work in this regard.
- We hope to have one for the Board within next 2 meetings.
- Patient stories will be developed over the next 2 months working with Caroline Joyce.

I have therefore not given a dashboard this month.

Peter Lachman

Attachment I

Great Ormond Street Hospital for Children NHS Trust

Trust Board Meeting 29th June 2011	
Clinical and Corporate Support Programme **Submitted on behalf of: Dr Jane Collins, Chief Executive**	**Paper No: Attachment I**
Aims / summary To provide an update on the implications for GOSH of the clinical and corporate support programme, as overseen by the UCL Partners Back Office Steering Group	
Action required from the meeting The attached presentation proposes actions to be considered around each workstream.	
Contribution to the delivery of NHS / Trust strategies and plans STRATEGIC OBJECTIVE 7 : Ensure corporate support processes are developed and strengthened in line with the changing needs of the organisation	
Financial implications To be discussed as pat of final decisions	
Legal issues To be discussed as pat of final decisions	
Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, children and families) and what consultation is planned/has taken place? To be discussed as pat of final decisions	
Who needs to be told about any decision To be discussed as pat of final decisions	
Who is responsible for implementing the proposals / project and anticipated timescales Workstream leads	
Who is accountable for the implementation of the proposal / project Dr Jane Collins	
Author and date Edward Lavelle, UCL Partners	

UCLPartners
Academic Health Science Partnership

Clinical and corporate support programme

Great Ormond Street Hospital For Children NHS Trust

29 June 2011

Key areas

1. What are the main conclusions coming out of the diagnosis phase of the programme?

2. If you decide to participate in each of the work-streams, what may it mean for GOSH?

3. What decisions are you being asked to consider?

4. What are key considerations in taking those decisions?

5. What are the next steps in the programme?

The main conclusions from the diagnosis phase

UCLPartners
Academic Health Science Partnership

- In each work-stream a collaborative approach between partners provides the potential for more effective and efficient operating models to support front-line services
- Net financial and operational benefits vary between work-streams and partners
- Up-front investment of funds, commitment and effort are essential
- Appetite, capacity and capability to deliver transition varies between work-streams and across partners
- Delivery models can evolve in line with numbers of partners, scale, benefits etc
- Engagement at the senior levels has generally been good, but challenges exist in bringing about widespread change
- Commitment and ownership from partners going forward needs to be serious and set in the context of the priorities and the wider strategy of each partner

What this may mean for GOSH

- **Pathology -** significant potential operational and financial benefits and value creation opportunity as part of a high quality clinical led solution, but paediatric speciality needs to be protected. Significant next stage planning required.

- **Pharmacy -** potential benefits of bringing manufacturing capacity within a group operational and management structure; group formulary should assist improved medicines management; maybe some supply chain opportunities; JV for outpatient dispensing to be progressed. Some investment in logistics, but otherwise relatively simple.

- **Procurement -** significant potential benefits from a more professional and commercial approach derived from a wider group based platform. Debate as to co-location and level of re-investment of savings. Limited risk and early progress recommended.

- **Estates and Facilities -** significant potential benefits from a hub and spoke approach, managing contracts and suppliers at scale. Remote management / local presence. Also, commercial potential in some activities (eg: CSSD, EBME). Limited investment; co-location likely; early progress recommended.

What this may mean for GOSH (continued)

- **Human Resources –** opportunity for central support service (allowing local strategic focus); some disruption, operational benefits but net financial impacts are limited (investment / management of interface). Main benefits (eg: temp staffing; joint procurement) may be realised without need for shared services.

- **Finance –** benefits of shared services for transactional (including payroll) and some analytical activity, but systems dependent and currently lacking commitment from finance teams. Would enable greater focus on finance strategy and reduced headcount, but potential disruption and life cycle of current system is relevant.

- **Overall -** significant shift in the way support services are delivered, with c £6m annual savings (on £34m current costs) from an investment of c £3.8m. Based on all work-streams, 'as is' headcount numbers reducing from 442 to 347, with 138 retained at the trust and 209 moving into a group shared services model.

Decisions you are being asked to consider

1. **Pathology:** Do you want to:
   - Progress to detailed planning (with associated costs of c £0.9m)? or
   - Based on the current proposals, enter into earlier discussions with potential partner(s) – either JV or delivery partners? or
   - Consider an outsource option?

2. **Pharmacy:**
   - Do you want to commission a focused piece of work to examine the commercial potential within pharmacy manufacturing?
   - Are you going to participate in a partnership approach to supply chain management?
   - Do you want to be part of a group approach to formulary (and then medicines management)?
   - Do you want assistance in the development of the potential for a JV option (by trust) for out-patient dispensing?

3. **Procurement:** Do you want to move to a shared service model for your procurement activities as proposed, and if so what is the preferred mechanism (multi-site or one site)?

Decisions you are being asked to consider (continued)

4. **Estates and Facilities:** Do you want to move to aggregate your Estates and Facilities activities into a central management function with local presence
   - For the purposes of out-sourcing services (eg: soft fm and non-urgent patient transport)?
   - For all Estates and Facilities functions?

5. **Human Resources:** If the high cost of HR central management can be materially reduced would you move to a central support model for HR (with strategic services remaining local)?
   - If so, we first recommend a more detailed one week review of the currently proposed central management costs to establish likely net financial benefits.

6. **Finance:** Do you want to participate in the next phase of detailed planning and design of finance systems (c. £550K) with the expectation that in due course you will move to a shared services platform for finance?

Key considerations

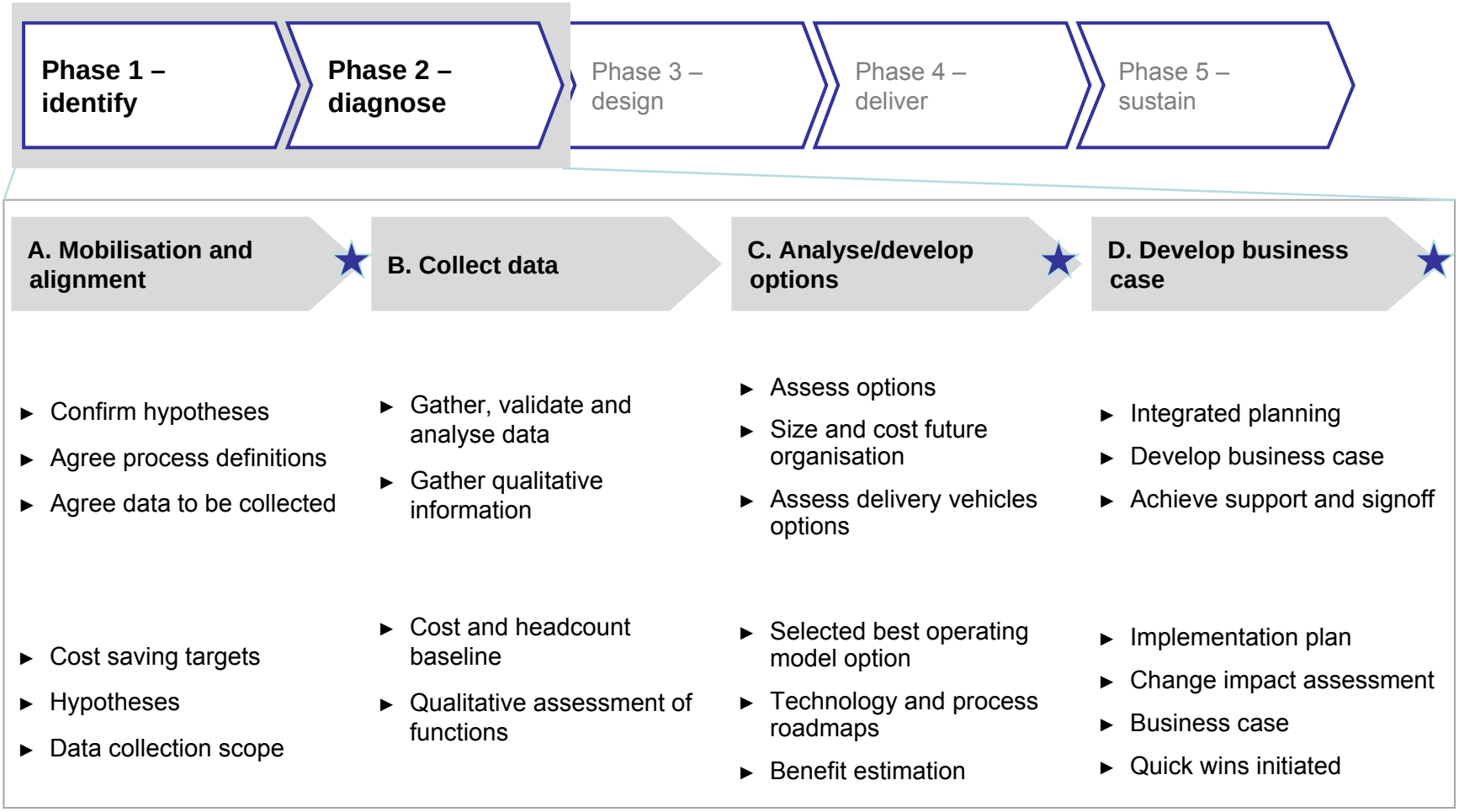
- How do these plans fit within the overall strategy and proposed future operating model for the trust?
- How do delivery risks and disruption sit in the context of your operational capacity, capability and priorities (eg: FT application)?
- Are there any likely adverse impacts on the quality of healthcare delivery?
- What is the financial profile, risk and returns?
- What are other partners likely to do?
- What are the alternatives to support delivery of necessary savings and other productivity improvements?
- Are you comfortable as to overall governance and reporting?
- Are you able to ensure commitment from your staff and other stakeholders?

Next steps

- Individual pack to show impacts by trust
- External funding discussions progressed
- Boards to reach conclusions on key decisions (6-8 weeks)
- Delivery mechanisms designed and leadership begin to be put in place
- Governance structures developed
- Programme plan refined (with critical path, budget and delivery milestones)
- Other activities / planning to maintain momentum
- Ownership of programme transferred to participating partners

Programme – process, progress and limitations

A reminder of the overall approach



Attachment J

Great Ormond Street Hospital for Children NHS Trust

Trust Board Meeting 29th June 2011	
Title of document Members Forum Legacy Document	**Paper No: Attachment J**
Submitted on behalf of Dorothea Hackman	**Date considered by Patient and Public Involvement and Engagement Committee:** 19 April 2011

Aims / summary

The purpose of the Forum Legacy document is to pass on our work to the successor body as the inheritor of the engagement work, action plans, independent monitoring and watchdog responsibilities.

It is accompanied by an updated mapping of patient and family involvement at every level at GOSH, and an evaluation of progress on the forum action plans. Our patients and their families take the excellent clinical care for granted, and this is of course crucial.

The top area for action is: Communication with patients, families, between sections of GOSH and with other health professionals, GPs and hospitals.

Action required from the meeting

Consider the achievements of the Members Forum, and take guardianship of the matters and issues communicated in the document to inform the Members Council.

Contribution to the delivery of NHS / Trust strategies and plans

Public involvement, patient engagement taking account of patient experience in service delivery, improving quality of experience as well as clinical care.

Financial implications

Getting it right first time saves energy and funding expended on dealing with complaints and remedying matters + financial penalties for quality and objective failures and reputational damage. Delivering better and best is to the credit of GOSH.

Legal issues: Compliance with Foundation Trust requirements.

Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, children and families) and what consultation is planned/has taken place? Forum members 14/3/2011, PPIEC 19/4/2011

Who needs to be told about any decision: The Trust Board

Who is responsible for implementing the proposals / project and anticipated timescales

The new Members Council may decide to pick up on any of the issues identified, in which case it will be their responsibility.
The Public and Patient Involvement and Engagement Committee has management responsibility for monitoring implementation.

Who is accountable for the implementation of the proposal / project

The new Foundation Trust Members Council

Author and date

Dorothea Hackman, Chair, Members Forum 16th June 2011

Draft Members Forum legacy document
Great Ormond Street Hospital (GOSH) NHS Trust
March 2011

Contact the Forum c/o PALS at GOSH pals@gosh.nhs.uk 020 7829 7862

Background: The Members Forum has been a three year interim body covering the period from the abolition of the Patient and Public Involvement Forums (PPIFs) in March 2008 until the Members Council of the new GOSH Foundation Trust (FT) which is to be established later in 2011. The members were drawn from the young people who are or were recently patients, parent and public constituencies of the FT membership and preceding PPIF.
The purpose of this document is to pass on our work to the successor body as the inheritor of the engagement work, action plans, independent monitoring and watchdog responsibilities. It is accompanied by an updated mapping of patient and family involvement at every level at GOSH, and an evaluation of progress on the forum action plans.

What has worked best? GOSH as a hospital and staff as individuals want what is best for the patients, and strive to improve, so there is an open door for the Forum priorities. Highlight the agenda, and our experience is that it will be seized upon and action taken. The key is keeping the importance of engaging with and involving patients, families and the public to the forefront in order for GOSH to deliver the very best possible health service to our children.

- Talking to patients and families, as well as reviewing reports of such contact through GOSH surveys, events and work particularly by Pals
- Drawing attention to a clear list of issues through the mechanisms in place such as the management group for patient engagement, currently PPIEC.
- Monitoring progress on improvement in the areas identified for action.
- Embedding priorities in strategy is a vitally important role for the successor body.

Top area for action: Communication with patients, families, between sections of GOSH and with other health professionals, GPs and hospitals.

This is likely to stay top of the list, as there are always ways to improve, and this is a widely supported priority both at GOSH and nationally. Our patients and their families take the excellent clinical care for granted, and this is of course crucial. The following documents were produced to support improving the patient experience. Please note that the lists of bullet points are not prioritized, rather listed for convenience.

Gosh what a hospital! What young people who are patients tell us they want:

- To be listened to and taken seriously
- To be given information by doctors in a way which makes it understandable
- To be involved in decisions regarding treatment
- To be given somewhere private when treated or examined
- To have access to enough toys, games and things to do on the ward
- To have enough nurses to look after each patient

Gosh parents say: What families tell us they want:

- To have confidence and trust in the nurses and doctors treating their child
- To be involved in decisions regarding the child's treatment
- To be listened to and taken seriously
- To be told how to contact the hospital when not an in-patient
- For their child to feel ready to go home at discharge
- For their child to have enough toys, games and things to do on the ward
- For staff to play with, and do activities with their child whilst in hospital.

Dorothea Hackman, Chair, Members Forum, 15 March 2011

Appendix One

Appendix Two: Members Forum to PPIEC 19/4/11 – review of progress March 2011 for Forum legacy document

1. Communicating effectively with parents, public, families, children	**GOSH management action taken**	**Member's Forum Evaluation March 2011**
1.1. Family list for how to communicate with parents – truthfulness, keeping promises, thoughtfulness, not prevaricating, honesty, anticipating needs, respect, paperwork, apologies, two-way talking and listening…	List published and used in staff induction and training	"Gosh Parents Say" a successful contribution from the Forum + PPIF
1.2. young person's list of how to be communicated with by staff – peer survey	CD made by young people, used in induction	"Gosh what a hospital" – another Forum success.
1.3. notes to be taken electronically during the appointment and print out for the family right away, send to the GP, and the other consultants and clinicians + electronic file	Other hospitals now do this e.g. UCH	Progress in some areas, Dictaphone did not come into piloting or use
1.4. offer the choice of contact by email	Being piloted	Championed by Family Equality and Diversity Group
1.5. timely discharge report/summary and regular multidisciplinary meetings for patients convened	General Paediatrician team appointed	Variable between clinical areas
1.6. Issues for families addressed through mentoring e.g. kept aware of available services that become relevant as their child's condition changes	Volunteers on the ward piloted on Robin and Fox	Progress being made
1.7. Culture of the organisation shared e.g. meaning of uniforms	Uniforms well presented in welcome DVD	Progress being made
1.8. Green recycling and reduce waste	Transformation Agenda	
2. Food and Exercise		
2.1. promote healthy eating on ward menus and in cafeteria	Food group formed and range of menus devised Parent rep on group.	Housekeeping staff cutbacks may have meant menus not always distributed
2.2. opportunities for exercise	No progress	
3. What helps parents		

Appendix Two: Members Forum to PPIEC 19/4/11 – review of progress March 2011 for Forum legacy document

3.1. practical support for parents on the wards (PSP) benchmark survey of pilot ward first, keeping it simple, carried out by peer parents, someone on ward not too busy for you to ask if you're confused, and to orient the accompanying carers, avoid where possible parents waiting, worried, for long periods of time, not knowing what's happening or understanding their own role, though of course the priority for staff is clinical activity, but also to actively inform families of the plan of action	Volunteer teams to support families, piloted on Robin and Fox, takes approx. 6 months to train each team of 12 volunteers. Staff inform who e.g.came or left in the night at shift handover	Recommend to Council to monitor, and recommend spread of good practicee
4. Using parents, public and lay members as a resource		
4.1. Lay members of interview panels	Trained and included	Successful, train and use more
4.2. Laminated sheet for emergency admissions		Follow up
4.3. structures and processes that tap into the vast resource of reflections and ideas with families and children	Transformation initiative	Continue to hold varieties of listening events, and monitor follow up
4.4. support groups of parents and patients with training and support	Volunteer teams on Robin, Fox, ICU night volunteers	
4.5. notice boards and web forums that enable contact to be made between parents, and between patients		Follow up
5. Other areas for improvement		
5.1. reducing waiting times at clinics: text messaging, allocating enough time– monitor: appointment, times seen/ waited	"No waits"	appointments as a two way contract
5.2. green recycling, energy/paper/drugs: wasteful organisations, ecologically, wastes money too	Transformation Agenda	Progress being made
5.3. improving dispensing of medicines, smaller amounts, pharmacy notified so they're available at clinics and discharge	"No waste", pharmacy aids dispensing on wards	Medicines still wasted, on arrival and change of medication

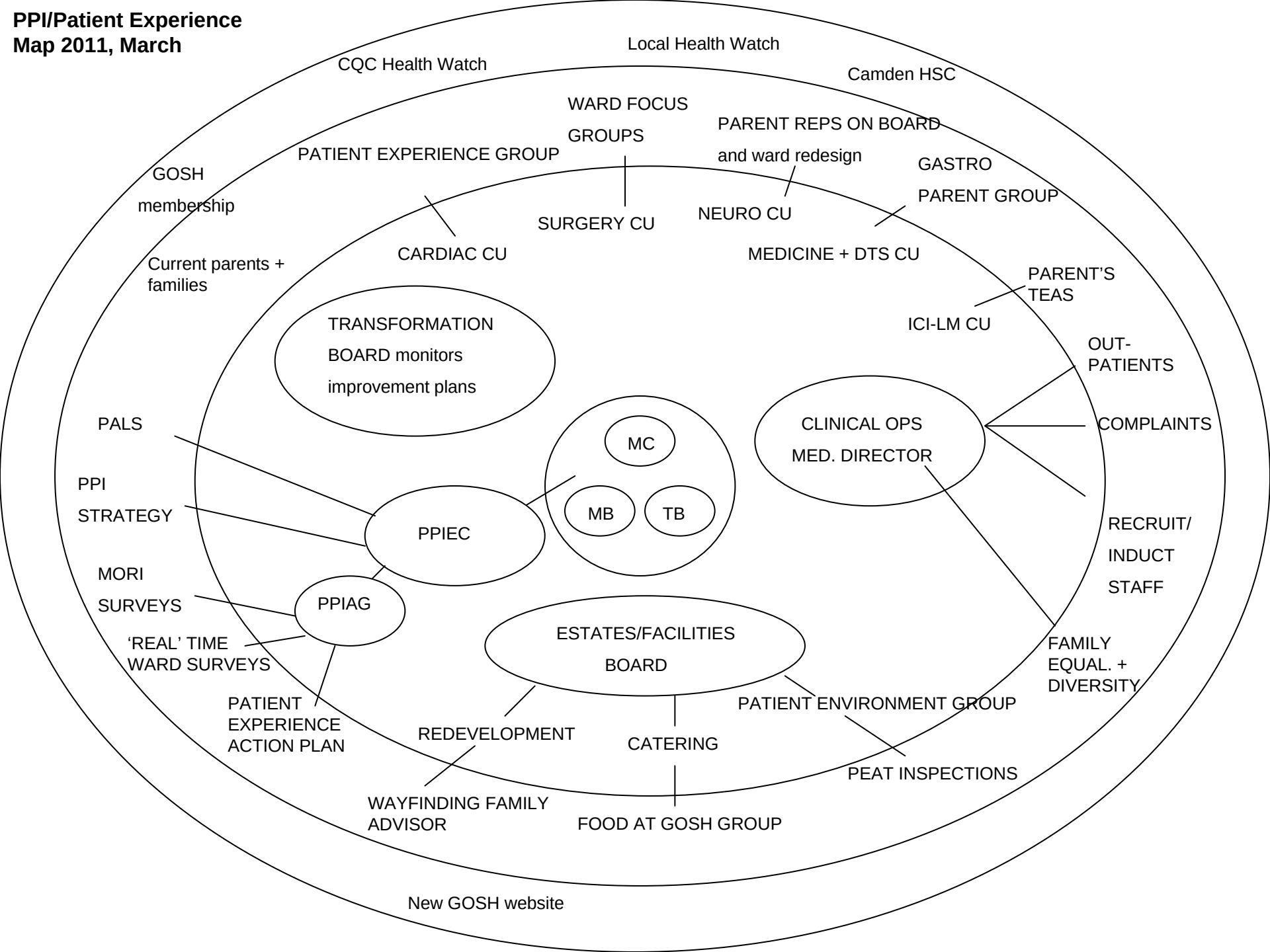
Appendix Two: Members Forum to PPIEC 19/4/11 – review of progress March 2011 for Forum legacy document

5.4. revive contact with other paediatric hospitals – ask about healthy living and environmental friendliness policies: Birmingham, Sheffield, Manchester, Liverpool (Alder Hey) + sections: Evalina (St Thomas/Guys), Brighton		Recommend to the Members Council to follow up with their counterparts
5.5. Childcare and more play for siblings	Playcentre established beside school	
5.6. suitable entertainment for 11-19 year olds	Bedside entertainment planned and improved	Ongoing progress being made
5.7. better signage and plans with “you are here”	Wayfinding project will improve signage	Numbering of ground floor as “2” not rationalised before phase 2B – management deemed it prohibitively expensive
5.8. co-ordinate outpatient appointments and sequencing of intervention and preparation for processes and procedures, availability of notes, stamina of patient	Nurse specialists and co-ordinating paediatrician will improve this	Variable between clinics and interventions
5.9. stop holding fire alarm practices at 8am – after all, young people feel unwell enough as it is without being hassled and moved around with their machines	Has stopped	
5.10. reduce bureaucratic impediments – e.g. notes not available, data, outcomes and next steps not input	Big files especially still liable to be mislaid and not available	Variability between areas, electronic files would help
5.11. infection control and hygiene, spaces between beds	“zero harm” hygiene processes, newbuild	National targets
5.12. family folder, so the family carries the information needed	In place	The family are often the experts
5.13. action to follow through from listening event, and consulting young people and families		Council is recommended to continue to follow these
5.14. posters about what’s available on the empty		Quality monitoring of the

Appendix Two: Members Forum to PPIEC 19/4/11 – review of progress March 2011 for Forum legacy document

message boards on the wards		usefulness to patients of current content
6. Action from other surveys and action plans		
6.1. Consultation on rebuild – Redevelopment Group	Well embedded	
6.2. Equality and Diversity Group - FEDS	Well embedded	
6.3. Mapping of family involvement in committees and activities throughout the hospital	Patient Advocacy & Liaison (PALS)	Useful to record the increasing involvement regularly
6.4. Weekend survey		
• Weekend PALS	In place on Saturdays	
• wheelchairs	available	
• mobile phone areas and protocols	In place	
• improved entertainment and play	ongoing	
6.5 Co-ordination of public and patient involvement and engagement between management areas throughout the hospital	Various committees, currently PPIEC, forward areas setting an example	The transformation agenda felt “alongside” the members Forum
6.6 Internal monitoring and reporting: e.g. “dashboards” + Transformation Initiative: zero harm, zero waits, zero waste	PPIEC, and also in Deputy CEO quarterly quality monitoring of clinical annual business plans	This is reported in the public domain, to Trust Board, and available to the Forum, along with Pals reports and survey results.
6.7 Independent Monitoring - statutory (Also by the Care Quality Commission as the Health inspection body)	Unlike the PPIF, the Members Forum, and Members Council are not independent of the Trust	Undertaken by Camden Council Overview and Scrutiny Committee from April 08.

PPI/Patient Experience Map 2011, March



Glossary

- MC members council
- MB management board
- TB transformation board
- CU clinical unit
- CQC care quality commission
- HSC health scrutiny committee
- DTS dept of therapeutic services
- ICI-lm infection/cancer/immunity and lab medicine

Attachment K

Great Ormond Street Hospital for Children NHS Trust

Trust Board 08 June 2011	
Title of document Draft annual report 2010-11 **Submitted on behalf of** Chief Finance Officer/ Company Secretary	**Paper No:** ATTACHMENT K
Aims / summary The Trust is required to publish an annual report and accounts for 2010-11. A draft copy of the annual report is attached. The accounts were signed off by the Trust Board on 8th June 2011. The annual report and accounts will be published in September 2011, in time for the Annual General Meeting.	
Action required from the meeting To receive comments from the Trust Board and approve the draft report.	
Contribution to the delivery of NHS / Trust strategies and plans Covers all Trust objectives	
Financial implications None	
Legal issues None	
Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, children and families) and what consultation is planned/has taken place? N/A	
Who needs to be told about any decision N/A	
Who is responsible for implementing the proposals / project and anticipated timescales No proposals included	
Who is accountable for the implementation of the proposal / project No proposals included	
Author and date Claire Newton/ Anna Ferrant June 2011	

Great Ormond Street Hospital for Children NHS Trust

ANNUAL REPORT AND ACCOUNTS

For the year ended 31st March 2011

Vs 5.1
23/06/11

Contents

Chair's Foreword

Through the work undertaken at Great Ormond Street Hospital with our partner, the UCL Institute of Child Health, our vision is that more sick children across the world get better and others are able to have a higher quality of life than is possible today.

When I meet the research and clinical teams working at the hospital and the Institute, I'm always encouraged by their determination to find new medicines and treatments to help the children in their care.

In last year's report, I was able to talk about a transplant patient who had just received a new trachea, the flesh of which was grown from his own stem cells. The patient recently returned to the hospital for a check up which has shown that his own cells are growing successfully around his new trachea. Most importantly, he is back at school and getting on with his life.

Regenerative medicine such as this has huge potential to advance treatment for children. Recently, one of our surgeons, Paulo de Coppi and his colleagues, reported an innovative new strategy for regenerating skeletal muscle tissue using cells from the recipient's own body. Whilst this is still laboratory-based work, the aim is to develop it into clinical trials in the future.

While it is wonderful to be able to find cures, sometimes we need to help children and their families manage their conditions so that they can have a better quality of life.

Palliative care and pain management in children is under-researched, particularly when compared with adult medicine. That's why I was particularly delighted to welcome Professor Myra Bluebond-Langner as the True Colours Chair in Palliative Care for Children and Young People. Myra is leading a group within the Louis Dundas Centre for Children's Palliative Care, which combines academic and clinical specialists in their field. It is a programme bringing together evidence-based research, best-practice clinical care and education and training. We want their work to be able to benefit children with life-limiting and life-threatening illnesses, wherever they are in the world.

Much of what we do would not be possible without the trusts, foundations and generous individuals who donate to our charity and to research organisations who fund us. Thank you to you all.

I also want to thank the Executive team and all the staff at the hospital who have worked so hard this year to do the right thing for children and their families. If our application to become a Foundation Trust is successful, the independence it offers us will enable us to remain dedicated to children's health.

A message from the Chief Executive

Some incredible work took place at Great Ormond Street Hospital this year – Mason Lewis became the smallest patient in the UK successfully to receive a lung transplant; conjoined twins Hassan and Hussein Benhaffaf went home after being successfully separated and 16 year old Adam Phillips can now have dialysis at home rather than spending three days every week in hospital. These few examples from many I could have chosen remind me why it matters that the hospital remains independent and focused on children's health.

At the time of writing, we have just entered the final stage of our application to become an NHS Foundation Trust. It is now a legal requirement for all hospitals to become Foundation Trusts so we hope that our hard work will result in a successful application later in 2011.

It has been a long process because Great Ormond Street Hospital is very different to most NHS hospitals in the UK. Of course, the biggest difference is that we only care for children, but in addition, the children we treat often have complex conditions requiring highly specialist support across multi-disciplinary teams. We have worked hard with commissioners and others to ensure that we get paid properly for the work that we do, including maintaining the paediatric tariff which recognises that it does cost more to treat children than adults. This year I'm pleased that the hospital has achieved a surplus of *(add in final figure)*

The NHS is going through a period of great change with the White Paper recommending changes to the way health services are commissioned. While we expect much more of our work will be commissioned nationally, it is an uncertain time for the NHS overall as we await the results of public consultations and political debate.

Thanks to the ongoing generosity of donors to our charity, we are on schedule with the second phase of our major redevelopment. In the summer, we held a 'topping out' ceremony to mark reaching the top of our brand new building. On schedule to open in spring 2012, the increased capacity will mean that we will be able to help many more children who need our expertise and in much more suitable facilities.

Like all public bodies, we recognise that we need to operate efficiently and we are working with our partner hospitals to find ways to share services and reduce costs. While we will aim to protect front line clinical staff, all teams need to plan their workforce needs carefully. We must do the right things for patients and families while developing new and better ways to work so that we can improve quality and save money.

This year's annual Great Ormond Street Hospital lecture was given by Sir Bruce Keogh who is the NHS Medical Director. He spoke about the importance of clinical quality and safety alongside the publication of clinical outcomes to inform patients and help them in their choice of healthcare provider. We welcome this national focus on quality and safety and are firm advocates for the publication of clinical outcomes. Our teams benchmark themselves against specialists in their field and we want to make more information available to families.

The Trust has been focused on quality and safety for some time and our programme aimed at zero harm has led to many new and safer ways of working.
Similarly, we are making great strides in reporting outcomes and I encourage you to read our Quality Account (see page X) which sets these out more clearly.

What really matters, particularly in challenging times, is that we maintain our focus on children and families and I'm delighted that feedback from them this year was again very positive. In our annual inpatient and outpatient surveys, conducted by Ipsos MORI, we had over 95 per cent satisfaction levels and the same for confidence and trust in our medical and nursing staff.

It was also rewarding to note the response from staff in the national NHS staff survey with 93 per cent of staff at Great Ormond Street Hospital feeling their role makes a difference to patients, reflecting the high levels of motivation and job satisfaction at the Trust. Without such a dedicated and expert team of people, we wouldn't be able to do what we do for children, so thank you to all of you.

I'd like to pay special thanks to the community team in Haringey who are leaving us to work in a larger community team with the Whittington NHS community services.

This forthcoming year will be very important for Great Ormond Street Hospital as well as all of us in the NHS. As we take each step forward, the hospital's motto, *the child*

first and always, is a constant reminder always to put children and families at the heart of our decision making.

Director's report

Background Information

Our history

Great Ormond Street Hospital is an international centre of excellence in child healthcare. Together with our research partner, the UCL Institute of Child Health, we form the UK's only academic biomedical research centre specialising in paediatrics.

Since its formation in 1852, the hospital has been dedicated to children's healthcare and to finding new and better ways to treat childhood illnesses.

Great Ormond Street Hospital Today

Great Ormond Street Hospital has a world class reputation as a specialist children's' hospital which encompasses its clinical care, research and education of health care professionals. The hospital has more than 50 paediatric specialties, the widest range of any hospital in Europe, which uniquely enables it to diagnose and pioneer treatments for children with highly complex, rare or multiple conditions.

The hospital is constituted as an NHS Trust and is primarily a tertiary service within the NHS which means that most of the children who are cared for are referred from other hospitals throughout the UK, either district general hospitals or in some cases, from UK teaching and other children's hospitals.

In addition to the specialist services delivered from its main central London site in Great Ormond Street, the Trust has also delivered community health services to children in Haringey.

Working in partnership with the UCL Institute of Child Health, the hospital is the UK's only Specialist Biomedical Research Centre in paediatrics and its research capacity is strengthened through participating in UCL Partners, an organisation with Academic Health Science Centre status. The number of children treated at the hospital and the complexity of their conditions, provides a unique opportunity to carry out research into clinical practices and treatments, which can save lives and improve the quality of life for children today and in future.

The hospital is also at the forefront of paediatric training in the UK. We train more children's nurses than any other hospital and play a leading role in training paediatric doctors. Nursing practice is advancing rapidly with many nurses also supporting clinical research activity and leading specific nursing care research programmes. The quality of training these professionals receive here, at the leading-edge of paediatric healthcare, will benefit them and the children they care for, wherever they work in future.

'The child first and always' has been the hospital's motto for almost 100 years. That focus and commitment remains the same today, with an emphasis on looking at both the child's medical condition and their overall wellbeing, and that of their family. This characterises Great Ormond Street Hospital's approach today and informs its vision for the future.

The Hospital is actively working towards its target of achieving Foundation Trust status later in 2011 (see page xx).

Clinical strategy and activity

Clinical strategy and activity

The children we care for often have highly complex, life-limiting or life-threatening conditions and, for many, Great Ormond Street Hospital is the only hospital capable of helping. Although we are based in London and serve the populations within London and the South of England, more than 50 per cent of our children come from outside London including a number from other countries in the UK and overseas. Many of our patients are very young, with 35 per cent currently under three years old. Advances in early diagnosis mean that the average age of our patients is likely to continue to fall. However, many of the conditions we treat require constant monitoring and, as a result, we often have relationships with our patients which span their entire childhood.

In order to ensure we are able to provide leading-edge care to our patients, collaboration with other specialist children's healthcare providers around the world is a key part of our working practices. With the aid of advancing technology, our ability to share learning and breakthroughs with other leading paediatric hospitals accelerates developments in clinical practice for everyone.

Also critical to advances in our clinical services is our commitment to research and development and central to that is our academic partnership with the UCL Institute of Child Health and our membership of UCL Partners. Together, we can more effectively and efficiently research, trial and translate learning into advances in treatment and care. Our research and development plans are also covered in detail later in this report (see page XX).

Clinical activity during the financial year

Growth in activity levels for the specialist services continued this year with increases in inpatient and day case episodes, operations and outpatient attendances.

	2008/09		Growth %	2009/10		Growth %	2010/11		Growth %
Inpatient & Daycase patient episodes:									
NHS patients	32,144	+	*7.2%*	34,654	+	*7.8%*	35,609	+	*2.8%*
Private patients	2,113	+	*2.7%*	2,448	+	*15.9%*	2,557	+	*4.5%*
Total	34,257	+	*6.9%*	37,102	+	*8.3%*	38,166	+	*2.9%*
Outpatient attendances	130,133	+	*9.3%*	138,941	+	*6.8%*	154,662	+	*11.3%*
Inpatient and Daycase episodes comprised:									
Daycases	16,916	+	*10.6%*	18,839	+	*11.4%*	19,018	+	*1.0%*
Other elective	13,351	+	*6.0%*	14,500	+	*8.6%*	14,842	+	*2.4%*
Emergency	3,995		*-4.9%*	3,747		*-6.2%*	4,306	+	*14.9%*
Activities within these episodes included:									
Occupied bed days	96,134	+	*2.5%*	99,563	+	*3.6%*	106,403	+	*6.9%*
Number of operations	16,131	+	*5.5%*	17,262	+	*7.0%*	18,027	+	*4.4%*

* Inpatient and Daycase episodes are measured in terms of "Finished Consultant Episodes" (FCE), the period during which a consultant from a particular specialty is responsible for an inpatient or day case admission. However, within one patients stay in the hospital there may be more than one FCE if the care of the child is transferred to a consultant of a different specialty during the admission, for example, if the child is transferred to intensive care.

Research activity

Our mission is to continue to be the UK's leading centre for paediatric research in the UK and one of the top five centres worldwide. This goal underpins the GOSH five year Research Strategy.

With our dedicated research partner the UCL Institute of Child Health (ICH), GOSH now forms the largest paediatric centre in Europe, dedicated to both clinical and basic scientific research. We are committed to carrying out pioneering research, to find treatments and cures for some of the most complex illnesses for the benefit of children in the UK and worldwide.

GOSH has many research strengths across the disciplines which can be summarised into four major themes; genetic and molecular basis of disease; interventional studies and new therapies; progression and outcome of disease and effect of therapeutic interventions; and diagnostics, screening and imaging.

Our commitment to patient safety and quality of our research is reflected in our management of research and governance systems. This year saw the development of a Division of Research and Innovation, which brings together the newly reconfigured Joint Research and Development (R&D) Office (joint with the UCL Institute of Child Health), the Specialist Biomedical Research Centre in Paediatrics, the Medicines for Children's Research Network (MCRN) hosted within GOSH, and the Somers Clinical Research Facility. The new Divisional arrangements have enabled streamlining of research processes.

Our recent research activity is described below:

- Over 300 clinical trials set up, 27 of which are commercially funded.
- Over 2050 patients have been included in studies adopted by the Comprehensive Local Research Network onto their Portfolio.
- We currently have 5 active National Institute for Health Research funded research projects.
- We have 5 active European Union funded research projects.
- 64 research projects have been internally peer-reviewed through the Clinical Research Advisory Committee.
- 40 research studies are conducted in our Clinical Research Facility (CRF), with more than 420 patients attending 766 research appointments.

- 241 patients have been recruited through the MCRN to GOSH, of which 36 MCRN studies are administered via the CRF.

Additionally, our Specialist Biomedical Research Centre (BRC) in Paediatrics has awarded funding to the following:-

- Salary support for 12 Principal Investigators Clinical Fellowships, Academic Clinical Lectureships and Clinical Academic Training Fellowship positions
- Extension to the Gene Therapy Lab
- 9 post doctoral positions, 2 PhD students, 3 clinical research associates, and 4 non-clinical research associates in their training.
- 15 research projects in a number of areas including Molecular Immunology, Clinical and Molecular Genetics, Molecular Medicine, Paediatric Epidemiology.

GOSH's membership of UCL Partners encourages collaborative working to encompass GOSH interests in neurological childhood disorders, mental health outcomes, women's health (improvement of antenatal care), HIV and TB infection, and the development and evaluation of public health strategies through the population health research.

Education

The Education & Training prospectus continued to support the safety, excellence and innovation within the workforce. The Trust education strategy aims to ensure that all learning must support safety, clinical outcomes and patient experience through equality of access to learning. The Trust continues to be a lead provider of educational opportunities for child health professionals locally, nationally and internationally.

The Trust's learning prospectus is designed to facilitate organisational development and workforce redesign whilst supporting staff to meet all statutory and mandatory training. In 2010-11, 3170 staff accessed some form of learning, with appraisal figures rising from a 55% Trust average in the previous year to 75%. The 2010 Staff Survey showed an improvement in all standards related to the pledge "*To provide all staff with relevant personal development, access to training for their job and line management support to succeed*".

Post Graduate Medical Education (PGME) activity continued to reflect the demands of the Post Graduate & Medical Education Board (PMETB) and the London Deanery contract with the Trust PGME team receiving the Liz Paice Excellence Award for the Outstanding PGME team in London.

We have continued to invest in Leadership development with programmes now available that support talent management, coaching, core leadership & management skills, improvement methodology.

Key Performance Indicators (KPIs) exist for all units and departments in relation to statutory training, local induction, appraisal and e-learning compliance. Negative reports are sent out to allow management to focus on supporting areas of poor uptake. In addition an automated email has been set to remind staff when core activities (e.g. appraisal) are due.

In clinical education GOSH remains the largest commissioning organisation for paediatric nurse education. The Trust continues to provide *'On the job' learning*, particularly focussed at clinical staff including post-graduate medical education delivered by local medical teams, orientation and development programmes for

nurses delivered by the Nurse Practice Educators, allied health professional rotation development programme, and Housekeeper and Health Care Assistant competency based development programmes.

Child Protection remains a priority for the education team. At the end of the financial year 2010-11 84.5% of Trust staff were up to date with their safeguarding learning with 2474 staff completing the Trust's safeguarding on-line learning module in the last 18 months (18 months being the Trust's update cycle).

The Trust's on-line campus has evolved over the last twelve months offering 24/7 access to educational information and on-line learning. The site now offers modules on topics such as the Trust's SBARD Handover tool (Situation, Background, Assessment, Recommendation, Decision) and CEWS (Children's Early Warning Scores), Pain Management in Children, 3D simulation on Sling Hoist use and GOLDcomm – the Trust's online community (membership currently 3,250).

Operational and financial review

Progress against Trust objectives for 2010/11

We have reviewed the annual planning framework with a specific focus on developing a set of three year strategic objectives, each with a series of executive-led critical workstreams and actions to ensure close monitoring and successful delivery. Our well established goals that focus on Zero harm, No waste and No waits continue to underpin our objectives which run, like a thread, through every part of the organisation and inform everything we do.

Strategic objectives 2009/10 – 2011/12

1. To consistently deliver clinical outcomes that place us amongst top 5 Children's Hospitals in the world.
2. To consistently deliver an excellent experience that exceeds our patient, family and referrers' expectations
3. To successfully deliver our clinical growth strategy
4. Currently partnered with ICH, and moving to UCL Partners with AHSC, maintain and develop our position as the UK's top children's research organisation
5. To work with our academic partners to ensure that we are provider of choice for specialist paediatric education and training in the UK
6. To deliver a financially stable organisation
7. To ensure our support processes are developed and strengthened in line with the changing needs of the organisation

Progress against the strategic elements of our objectives in 2010/11

In 2010/11 we retained full Care Quality Commission registration demonstrating that we have continued to meet essential standards of quality and care across all our services. This has been supported by our safety programme that aims to minimise incidents and risks through both reflective organisational learning and a proactive programme focussing on areas of harm that can occur in children.

Our drive to deliver the highest quality of services is also demonstrated in the significant progress we have made in the identification and publication of our clinical outcome measures. All our specialties have now identified at least two clinical

outcome measures, some of which we have already published on our internet site. A plan to measure, analyse and publish all identified outcome measures over the next year is firmly in place.

Last year the Trust made a formal decision to apply for Foundation Trust (FT) status. We strongly believe that becoming an NHS FT will allow us to retain our independence and thus be able to protect our exclusive focus on children's healthcare needs. We have already recruited more than 7,000 members, and we have begun to use them in a variety of ways to help us improve our services. Greater financial flexibility as an FT will additionally allow us to seek wider funding options for our work and support our mission to deliver world-class and pioneering clinical care and research and to collaborate with others to share that knowledge.

We submitted our FT application to the Department of Health in February 2010 and we are now preparing for the final assessment process.

One of our key aims of 2010/11 was to ensure that we achieved better than average satisfaction scores in the national staff survey by ensuring that all staff work in a supportive team environment with good education and training opportunities. We achieved better than average scores across a large number of satisfaction measures. Our staff members told us that they felt valued by work colleagues, that there was a strong quality of job design and that they received good support from immediate managers. Our staff members also told us they were very pleased with the level of education and support available and reported strong overall job satisfaction. However, staff did report lower than average satisfaction rates against the quality of work they were able to deliver. The feedback from the report will support our workforce development plans over the coming year.

Our ambitious estate and capital redevelopment programme will see the construction of the Morgan Stanley Clinical Building and the refurbishment of the Cardiac Wing replacing part of the ageing Southwood building. The new centre will allow us to treat up to 20 per cent more children and will contain: new kidney, neurosciences and heart and lung centres; seven floors of modern inpatient wards for children with acute conditions and chronic illnesses; state-of-the-art operating theatres enabling us to carry out more operations on children with complex conditions; and enhanced diagnostic and treatment facilities offering faster and more accurate services for patients.

The operational commissioning effort for the Morgan Stanley Clinical Building that is due to be handed over by the contractor in December 2011 has started and services will begin to move to the new facility between March and May next year.

We set an ambitious savings target of £17m across the organisation for 2010/11, of which we realised £11.7m, over £1m more than we had achieved in 2009/10. By making good progress against our efficiency savings and by increasing our income through treating more patients we were able to deliver our planned financial surplus.

Performance against national targets and standards

The Department of Health (DH) introduced the NHS Performance Framework in 2009 to provide an assessment of the performance of NHS providers (that are not yet NHS Foundation Trusts) against a set of minimum standards. The Performance Framework identifies poor performance on an ongoing basis using a series of indicators to trigger intervention as required.

In 2010/11 we achieved all inpatient and outpatient waiting time and access standards. In terms of infection control we reported 1 case of MRSA in year against a year trajectory of 2. However, we did report 11 cases of C.difficile over the year against a locally agreed low trajectory of 9. It should be noted that the Department of Health advisory committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) will be presenting our opinion on the relevance of this standard for specialist paediatric hospitals soon.

Financial overview

Financial overview

Growth in patient care activity during 2010/11 resulted in a further year of financial growth. In the following table growth rates are presented based on the figures in the accounts and also underlying growth rates are shown, adjusted to exclude the paediatric services based at North Middlesex Hospital NHS Trust ("NMH") which transferred back to NMH in May 2010.

	Year ended 31st March 2011 £'m	Year ended 31st March 2010 £'m	Increase	Increase excluding NMH
Operating income	336.3	318.1	5.7%	8.1%
Operating expenses	323.0	309.9	4.2%	6.6%
Surplus before dividend	12.7	8.7	45.8%	
Retained surplus	7.2	3.6	102%	
Assets employed	335.3	261.7	28.0%	

Key ratios:	Year ended 31st March 2011	Year ended 31st March 2010
Earnings before interest, tax & depreciation*	£21.5m	£20.0m
- as a % of income *	6.5%	6.4%
Adjusted retained surplus **	£9.2m	£6.9m
- operating margin as a % of income*	2.8%	2.2%
Return on assets employed	5.0%	4.9%

Ratios have been calculated in accordance with the formulae used by Monitor:

* excludes the income arising from the transfer from the donated asset reserve relating to depreciation on donated assets

** adjusted to exclude the cost of asset impairments and gains/losses on disposals of assets

- Operating income increased by 8.1% as a result of growth in patient care and increased funding for the resources employed in our research, education and Haringey community services. Strong growth in activity was achieved in both the NHS and international private patient services.

- Operating expenses increased by 6.6 per cent on the previous year.
    - Staff costs increased by 8.0 per cent as a result of the increased staff numbers to deliver the growth in services and R&D activity and as a result of pay increases.
    - There were impairment charges totalling £1.4 million (2009/10 £3.8m) resulting from the Trust's revaluation of its land and buildings.

- We continued to invest considerable sums to improve the hospital's facilities. In addition to the expenditure on the new redevelopment programme, there was also expenditure on other hospital buildings, medical equipment and our IT infrastructure. In total, £77.0 million was invested across the site during the year which was funded with £15 million of funding from the Department of Health (part of a total funding award for the programme of £75 million), £49.0 million by Great Ormond Street Hospital Children's Charity and the Friends of Great Ormond Street Hospital charity, £0.2million from grants from governance bodies and the balance funded from internal resources.

We delivered a financial surplus of £12.7m million out of which a dividend of £5.6m goes back to the government leaving £7.2 million (2009/10: £3.6m) which can be retained for future investment and growth.

Net assets employed

The value of property, plant and equipment increased by a net £70.5 million to stand at £319.0 million at year-end. This change was the net result of the additional capital expenditure of £77.0 million less the impact of depreciation, asset disposals and adjustments to reflect a small overall increase in the valuation of the Trust's land and buildings.

Net current assets (excluding receivables due in more than a year) stood at £14.2 million, up £1.6 million on the previous year. The year end cash position has increased significantly to £32.4m as a result of reduced working capital and the cash generated from the operating surplus. Cash levels are boosted by the higher levels of trade payables and deferred income as a result of changes in timing of certain cash transactions compared with the previous year.

Productivity improvements and efficiency savings

The Trust achieved £11.7 million of productivity and efficiency savings in 2010/11, approximately 4.5% of influenceable expenditure, which was achieved without any impact on our clinical services and was the result of continuing efforts from all staff. The efficiency programme includes both: initiatives which will increase activity and the associated income with less, or no, increase in cost; and those which reduce costs with less, or no, reduction in income. This is most notable in the transformation of clinical service, reduction in drug costs, procurement, and increasing the efficiency of administrative support processes. To assist with this work, the Trust is progressing service line reporting and patient level costing which enables us to identify services for which costs exceed the funding received.

Financing and investment

Before the beginning of the financial year the Trust had to agree limits with the Department of Health for any public funding required and the amount of capital expenditure, other than that funded by Great Ormond Street Hospital Children's Charity, ("the external financing limit" and "the capital resource limit" respectively). Throughout 2010/11 the Trust maintained strong controls on capital expenditure and working capital and kept within both of these limits.

Better Payment Practice Code

The Trust maintained its BPPC performance for non-NHS creditor payments and achieved payment within 30 days of 87% non NHS invoices measured in terms of number and value. The Trust has registered its commitment to following the Prompt Payment Code.

Pension funding

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme which covers all NHS employers. The Trust makes contributions of 14% to the Scheme.

Treasury policy

Surplus funds are lodged with counterparty banks through the Government Banking Service.

Financial risks

The Trust continues to experience financial uncertainty due to the changes in the R&D funding, and successive changes in the way the national Payments by Results tariff, both generally and also due to specific changes affecting specialist paediatric trusts. The challenging economic environment will continue to put pressure on the Trust's finances, both in terms or erosion of tariff and funding not keeping up with cost inflation and the increased costs to deliver regulatory requirements. The Department of Health continues to set challenging productivity targets and so the achievement of the Trusts cost reduction targets, whilst maintaining a high standard of patient care, is one of the principle objectives for 2011/12.

Interest rate risk is also a concern due to the historically low rates of interest obtainable on surplus cash deposits.

The Trust has a counter-fraud officer who proactively reviews the Trust's counter-fraud arrangements and follows up on any incidents reported. There is also a whistle-blowing procedure in place available to all staff; all matters raised are dealt with in confidence.

Community, research and education partnerships

Community services – North Middlesex University Hospital (NMUH)

GOSH continues to provide child health-focused education and training, professional child protection and nursing advice to the acute paediatric staff at NMUH. The Trust views this development as a positive one, enabling the Trust to continue to support the delivery of local children's healthcare services in North London.

Research partnerships

Institute of Child Health

The UCL Institute of Child Health, in partnership with Great Ormond Street Hospital, is the largest centre in Europe devoted to clinical and basic research and postgraduate teaching in children's health. Together we host the only academic Specialist Biomedical Research Centre in the UK specialising in paediatrics and constitute the largest paediatric research partnership outside North America.

UCL Partners

Our ICH collaboration has been further enhanced through our involvement in UCL Partners, a partnership between University College London and four of London's most prestigious hospitals and research centres – Moorfields Eye Hospital NHS Foundation Trust, the Royal Free Hampstead NHS Trust, University College London Hospitals NHS Foundation Trust and Great Ormond Street Hospital for Children NHS Trust. UCL Partners was awarded Academic Health Science Centre status in March 2009.

With child health as one of its leading themes, the partnership aims to use the expertise and skill of our clinicians, those of our partner hospitals and our UCL colleagues to make further advances in treating sick children, including, of course, those we see at Great Ormond Street Hospital.

The UCL Partners Child Health Programme is focused on the following areas:

- Developing an approach that enables children and their families to access evidence-based care within their own homes;

- improvement of the care of asthma in the community to reduce unnecessary emergency department attendances;
- research into obesity during pregnancy and in particular interventions that improve pregnancy outcomes and mitigate long term effects on the infant.

UCL Partners has also started to explore how partners can share best practice and seek opportunities to improve efficiencies around back office functions, such as procurement and pathology services.

London South Bank University (LSBU)

All student nurses within GOSH are enrolled with London South Bank University (LSBU).

GOSH works closely with LSBU to design quality learning and teaching programmes encompassing both pre- and post-registration education. NHS London have recently ranked Children's Nursing at LSBU as the 5th highest within London through their contract performance management processes with an overall performance of 82%.

The NMC have recently validated the new pre-registration programme to commence in September 2011 using the new standards set by the NMC which result in nursing becoming an all graduate profession. Within the validation process the NMC commended the newest joint post between LSBU & GOSH, this being a lecturer practitioner post for nurse mentorship. This post joins a wide range of already established joint posts between the two organisations.

Foundation Trust application

During 2010/11 we developed our application for foundation trust status. Being a foundation trust means that we will have the freedom to decide how best to provide high quality, specialist health services for children. We completed a 10 year integrated business plan setting out our overall strategy. The plan shows how we will continue to improve quality and safety, our research, and our main clinical services. We also developed detailed plans for the organisational, governance and financial management arrangements to support working as a foundation trust.

We consulted patients, parents, hospital staff and the general public about our plans to become a foundation trust. They supported our vision, our focus on the child and family, the emphasis in our plans on continuing to improve the safety and quality of services despite financial stringencies, and the need to remain a centre of excellence in clinical care, research and education.

As a foundation trust we will set up a Members' Council to represent the views of patients, families, staff and the public.

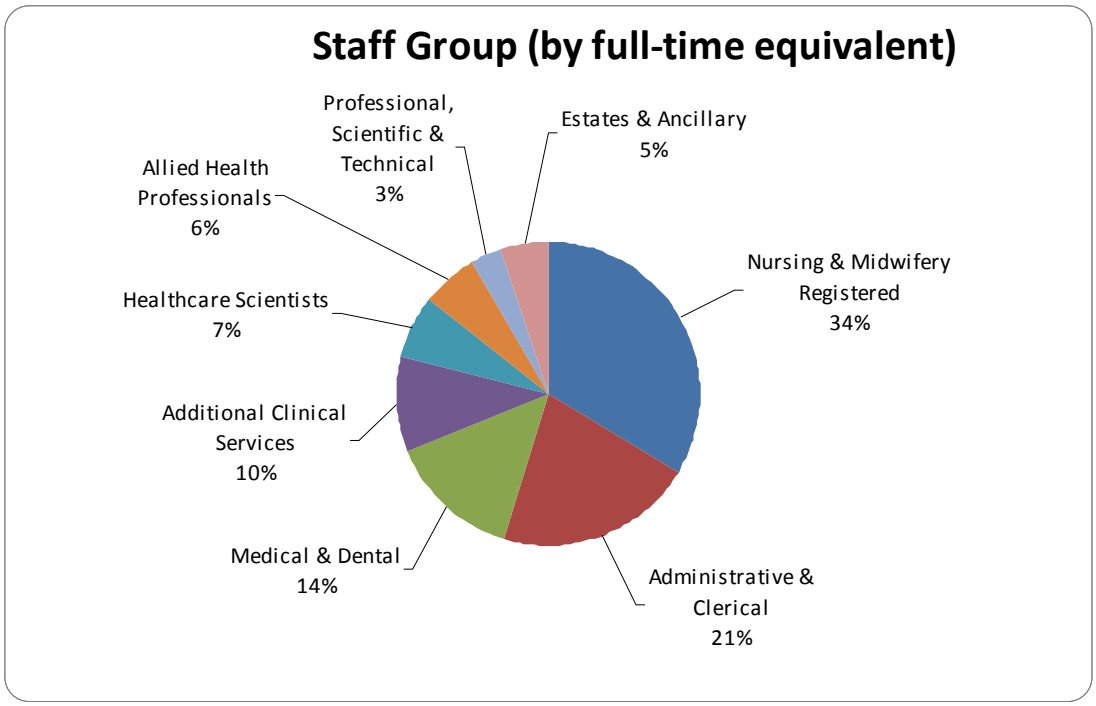
We successfully completed two stages of external review carried out on behalf of the Department of Health, and a formal review by NHS London (the Strategic Health Authority). Our application was submitted to the Department of Health on 1 February 2011. We aim to complete the whole assessment and approval process by the end of 2011.

Delivering excellence through our workforce

Reducing our costs at the same time as continuing to deliver excellent care has been a priority over the last 12 months.

Our staff

In March 2011 we employed approximately 3700 staff. We have seen an overall growth in staffing numbers as a result of considerable recruitment to fill vacant posts, and in order to deliver our increasing amounts of clinical activity. Our continuing challenge is to deliver high quality services as efficiently as possible.



We have seen staff turnover remain steady over the last 12 months at 14.7 % compared to 15.0% in 2009/10. Being able to attract and retain high quality staff remains an imperative for us, and our 2010 staff survey results report above-average levels of satisfaction across a wide range of areas, from job satisfaction and accessing training and education, to feeling supported by colleagues and line managers.

A key area of work for us over the last 12 months was to put in place measures to control and reduce our expenditure on temporary staffing. We have established additional controls on the use of temporary staff, and launched an in house bank for medical staff. This has already reduced the amounts we pay for doctors to fill

occasional shifts whilst increasing our ability to use staff who are already familiar to the teams they will be working with.

We have also started working with colleagues in UCL Partners to identify ways we can work together to reduce unnecessary costs and waste, for example in making it easier for staff who work in one partner trust to undertake work on an honorary basis in another.

We continue to benefit from excellent working relationships with our staff side (union and professional body) colleagues. We know that we face challenges ahead and working with colleagues in an open and respectful way will be important. We have kept all our staff updated on our progress towards becoming a Foundation Trust, including holding open meetings for all staff to find out more about sitting on the Council, and are enthusiastic about the new opportunities for communication and engagement that having staff members offers.

Managing absence

Unit	March 2007	March 2008	March 2009	March 2010	March 2011
Trust Total	3.47%	3.73%	3.32%	3.59%	3.29%

An important strand of ongoing work is to ensure our staff are fit and able to work. Our absence rates stand at 3.21%, compared to 3.65% in 2009/10. We target both frequent, short term absences (3 occasions in 8 weeks) and long term absence (3 weeks or more). Managers are provided with information and support to manage staff who reach these trigger points, and any absence over 2 months is also reviewed at executive level.

Our Occupational Health, staff physiotherapy, and counselling services work together as appropriate to help manage absence once it occurs and increasingly to prevent it through interventions such as physical workplace assessments, education and mediation. We have continued to see success in physiotherapy in particular, with 92% of staff discharged after a minimal number of sessions able to work without restrictions, compared to 50% who were working with restrictions or off work altogether at the start of their treatment.

Promoting equality and valuing diversity

The Family Equality and Diversity Group have continued to provide a focus for us to consider the diverse needs of our patients and families. In particular, they have undertaken additional analysis of our Ipso MORI patient survey to better understand the views of Urdu speakers, who make up a significant part of our patient population. The Group has also undertaken a review of the services we provide for families of children with learning disabilities, and actions that flow from this will continue over the coming months.

We are aware through the 2010 Staff Survey results that staff from black and ethnic minority groups do not always feel they have the same access to career development in the Trust. The GOSH Black, Asian and Minority Ethnic Network (BAMEN) group provides an opportunity for staff from these backgrounds in particular to receive a range of learning opportunities tailored to them, and we will continue to support this as well as inviting key note speakers so BAMEN members have access to senior colleagues. We are also exploring the use of specialist trainers to support managers to develop increased skill, sensitivity and confidence in managing and supporting staff from BME backgrounds.

The Trust has a single equality scheme in place and is a 'positive about disabled people' symbol holder. Provision is made in the recruitment and retention policy for disabled employees and job applicants as well as the managing attendance policy for making reasonable adjustments for staff who have disabilities or acquire disabilities during the course of their employment. An in house occupational health service is also avail to support employees and managers.

Ensuring that **all** our staff experience GOSH as a high quality employer is important to us. We have commissioned a review of our employment practices so that we can be sure we meet the terms of the Equality Act and Public Sector Equality Duty, and will use the results of this and the Department of Health's Equality Delivery System to help us set and deliver our objectives over the coming months .

Information governance

The Trust is required to report information governance related serious untoward incidents. These are incidents involving the actual or potential loss of personal information that could lead to identity fraud or otherwise significantly impact on individuals and should be considered as serious. One incident occurred during the 2010/11 financial year which was reported to the Information Commissioner's Office. This involved 12 private patient invoices being sent to 2 individual patients rather than an insurance company, due to the address slipping down in the window of the envelope. Action was taken to change the layout of the invoices so that this incident could not reoccur and to use a safe haven fax machine wherever possible.

Action was taken to contact all recipients with requests that the data be destroyed and staff were reminded of the Trust's procedures for communicating confidential data.

There were a number of further data security incidents, not categorised as "serious" involving the accidental transmittal of emails containing personal data within the Trust and in some cases to external email addresses – see table below:

A summary of other personal data related incidents in 2010/11		
Category	**Nature of incident**	**Total**
I	Loss or theft of inadequately protected electronic equipment, devices or paper documents from secured NHS premises.	6
II	Loss or theft of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises.	4
III	Insecure disposal of inadequately protected electronic equipment, devices or paper documents.	3
IV	Unauthorised disclosure	23
V	Other	6

In accordance with government policy, the Trust provides extensive information on the organisation and its services and activities on its website and responds to Freedom of Information requests when received. Charges are made in accordance with Treasury guidance where the cost of preparation or supplying the information

requires additional resources and the basis for charging is displayed on the Trust's website.

Sustainability

Background

The National Health Service has a carbon footprint of 18 million tones CO2 per year. This is composed of energy (22%), travel (18%) and Procurement (60%).

In response to this Great Ormond Street Hospital for Children NHS Trust (GOSH) has continued to develop its sustainability agenda over the past 12 months and has amongst its key achievements:

- Monitored progress against our Sustainable Development Management plan
- Produced a baseline for the Trusts Carbon Footprint
- Continued assessment against the Good Corporate Citizenship model
- Committed to and achieved the Mayor's Cycling Strategy
- Piloted development of Neutral Wholesaler in conjunction with the London Procurement Project and colleagues at University College Hospitals NHS Trust
- In conjunction with Transport for London we have embarked on a research project reviewing our Supply Chain over 3 years aided by a PHD Student from Southampton University
- Trust staff have been engaged through initiatives such as Local Environmental Audits developed through our Joint Environmental Committee which is in partnership with our staff side organizations.

Sustainable Development Management Plan

This Plan provides a support framework for the Trust to work to reduce carbon. GOSH is using the Plan to expand on our previous carbon reduction success through our work with the Carbon Trust.

The focus in the plan is on environmental legislation, governance, organisation and workforce development, partnerships, finance, energy and carbon management, water and waste management, travel and transport and design and operation of buildings.

The ongoing monitoring of the targets demonstrates the Trust's commitment to carbon reduction through a range of practical but ambitious measures, sharing of good practice and active engagement and support of its staff.

The Trust's Sustainable Development Committee is chaired by the Director of Redevelopment who is also the Trusts Board lead for sustainability. The Group meets Bi Monthly and monitors progress against both internal and external targets on carbon reduction and sustainability.

Redevelopment

Great Ormond Street Hospital (GOSH) is undertaking a major redevelopment programme to replace buildings that are nearing the end of their useful lives and to provide new world-class facilities where parents can sleep alongside their child in comfort.

The Conditions in some of the hospital's current buildings are cramped, inflexible and outdated – they were built at a time when healthcare needs were very different. New facilities designed for 21st-century healthcare will enable us to provide a better, more flexible, convenient and comfortable service for children and their families. We will be able to treat up to 20 per cent more children and give our researchers and clinical staff the resources they need to develop new treatments.

Bright, modern, spacious facilities also encourage healing and make it easier for staff to do their very best for the children they treat. The redevelopment is largely funded through donations to Great Ormond Street Hospital Children Charity. The NHS has backed the redevelopment programme by granting the hospital £75 million towards the costs, but there remains a huge job to do to fund the rest of the redevelopment in an increasing difficult economic climate.

Phase 2

The first phase of the redevelopment was completed in 2006 and comprised the Octav Botnar Wing, Weston House (including Paul O'Gorman Patient Hotel) and the Djanogly Outpatient Department. We are currently undertaking the second phase of the redevelopment programme to create the Mittal Children's Medical Centre. The centre is made up of two clinical buildings – the new Morgan Stanley Clinical Building and the redevelopment of the existing cardiac wing.

During the year, we continued to make good progress on the development of the Morgan Stanley Clinical Building, with the builders topping out ceremony held in July 2010, the external envelope made watertight, mechanical and electrical 1st and 2nd fix installations complete and interior finishes substantially complete. Opening in 2012, the Morgan Stanley Clinical Building will provide new clinical accommodation, including 92 inpatient beds, theatres and angiography facilities, together with a new restaurant and improved staff areas. We are continuing to work with staff and other

stakeholders –including children and young people and their families- to finalise the detailed plans for occupation of the new building.

During the year we reviewed our Development Control Plan to take account of the acquisition of the University of London Computing Centre site and confirm the approach to Phase 3. We also continued work on the design and implementation of Phase 2B [redevelopment of the Cardiac Wing] which is due for completion in 2016.

Environmental Strategy

The Trust's redevelopment plans incorporate some major energy-reduction measures. Our strategy aims to achieve the lowest possible energy use for all of our buildings, including cost-effective heating and power for the site. Our Phase 2 redevelopment project will inspire future projects, and has set a target to provide a 120 per cent renewable contribution.

Improving facilities within the existing buildings

Alongside the redevelopment programme, we have continued to invest in our existing facilities to keep them as up to date and energy-efficient as possible. Work during the year has included further ward refurbishments, improvements to Outpatients, providing additional energy-efficient chillers and updating public facilities.

Emergency preparedness

Like any other NHS organisation we have to be prepared to manage out of the ordinary events and major incidents. These situations may arise in the hospital such as a fire or major utility failure, also external to the Trust where we may be required to provide support to a neighbouring hospital by receiving patients.

Planning for these events and managing the associated risks are extremely important, and our plans such as the Major Incident Plan (MIP) provide us with guidance and a framework to manage our response. The MIP is reviewed and updated annually to incorporate learning from each incident and to ensure the plan complies with the Civil Contingencies Act (2004) and NHS Emergency Planning Guidance (2005) as well as other emerging policies and guidance.

In the last 12 months work has progressed on developing Business Continuity plans at all levels of the organisation. Our aim is to ensure that whenever our services are under threat of disruption from an unexpected event, we can continue to work effectively and safely and if necessary rationalise our services to meet the requirements of those in greatest need.

All staff receive information on Major Incidents when they start working in the Trust, in addition key staff are trained in their major incident roles and are put through their paces during regular exercises, testing the plans we have in place. We work closely with local stakeholders, host Primary Care Trust and NHS London in order that when a multi agency response is required we understand our role and contribution.

Ombudsman's Principles of Remedy

We aim to provide the best possible care to all the children in our care. We do this in line with the Parliamentary and Health Service Ombudsman's Principles of Good Complaints Handling, Principles of Good Administration and Principles for Remedy, namely: getting it right, being focused on the needs of our children and their parents and carers, being open and accountable, acting fairly and proportionately, putting things right, seeking continuous improvement. The Trust Board and Clinical Governance Committee receive regular reports to ensure that patient views and complaints are dealt with in a timely manner and that appropriate lessons learned are acted upon.

Complaints

Between 1st April 2010 and 31st March 2011, the Trust received 135 complaints, which is comparable with the number received the year before. There were 8 complaints referred to the Health Service Ombudsman for a review during this year which included 3 complaints dealt with by the Trust in previous years. One case is under investigation by the Ombudsman (a case from 2009).

Categories by number of complaints (please note some complaints raise more than one issue)

Lack of communication with parents	30
Inappropriate/incorrect treatment	29
Staff rudeness	22
Delay in treatment/appointment/admission	24
Lack of communication between staff/teams	11
Correspondence with local team	10
Dissatisfied with nursing care	10
Pain management	10

Patient and public involvement activity

Involving patients, their families and the wider public, through our Membership scheme, in service improvements and governance helped us to keep a firm focus on 'what really matters' to our patients and families IN 2010-11.

Many members gave up their time to get involved with service planning and redesign, as well as sit on the Transformation Board and its improvement projects. Parents were active in staff recruitment, including for key posts such as consultants, senior managers and the Head of the School. New involvement opportunities opened up in 2010-11 with the recruitment of parents to promote organ donation, to clinical unit management and to developing the Trust's blood transfusion service.

Parent and patient representatives continued to contribute to the Food at GOSH Group, internal Patient Environment Action Team (PEAT) inspections, the Redevelopment Group, the patient and bedside information and entertainment project, while a parent also co-chaired the Family Equality and Diversity Group. Members were also represented on GOSH'S Patient, Public Information and Experience Committee and its working groups, and contributed to developing the Trust's thinking on ways in which we can make it easier for patients and families to tell us about their experience of using services with a view to making improvements.

Pending the election of a Members' Council, the Members' Forum acted as the Trust's critical friend. Its work this year included advising on our transition policy for moving young patients on to adult services, our second Quality Account, reviewing the 'Welcome to GOSH' DVD for new patients and making recommendations for support of patient councillors. The Forum proved invaluable in shaping a response to major external reviews into cardiac services and London's tertiary paediatrics services. A highlight of the year was an invitation to report to the Camden Health Scrutiny Committee on access to our reception and Patient Advice and Liaison Service (PALS).

The PALS service had a record-breaking year, helping more than 2,800 families, handling a 55% increase in complex cases. As a frontline drop-in service, open six days a week, PALS listens to the experiences of families and is well placed to give advice, tackle complaints, act on suggestions and help rebuild relationships where

trust has broken down. Concerns raised by families with PALS enabled many positive changes to be made, including improvements to our ‘managing conflict’ policy, improved bed facilities for older children and better care co-ordination of complex children under multiple specialties,

Information for patients and parents

The Child and Family Information Group continued to build on previous successes with another 130 leaflets completed in the past year. In addition, the group completed the regular audit of written information - this is used to check the range and quality of the information we provide to our patients and their families. The ‘Essential Information Booklet’ and ‘Welcome to GOSH’ remain popular - additional information highlighting activities and attractions in the local area has also been produced for both children and teenagers.

Digital developments

The newly formed Digital team made significant steps forward in 2010-11. The ‘One Site’ website project, aimed at combining the Trust and Charity websites into one online presence, was successfully scoped and budget secured. A design agency was appointed in October, and between December and March extensive user research undertaken to provide a website that provides a first class online experience for patients, families, referrers, Trust staff, donors and fundraisers. The site will go live at the end of September 2011 and will feature integration with social media such as Facebook and Twitter, an area of digital activity which has also seen impressive growth in the past year. When the new site is launched it will offer the Trust the platform to achieve significant digital advances in the future.

Volunteer services

The Trust is committed to engaging volunteers in meaningful roles that enhance services and add value to the patient and family experience.

Volunteers are engaged in a variety of roles that either directly or indirectly impact on patients, families and staff. Activities include: befriending patients, easing anxiety and boredom; sitting with parents chatting and being a listening ear; guiding people around the hospital site; sign-posting to other trust services and departments; or supporting reception and administration staff.

It has been an exciting year of growth for Volunteer Services. We have seen a 50% increase in the numbers of people volunteering on a regular basis, with over 350 people donating more than 110,000 hours of their time. We have developed dozens of new roles across the Trust to support staff in their work, including:

- Patient/Parent Support – giving emotional and practical support to patients and families
- Ward Admin and Reception – across different wards and departments
- GOSH Guide – welcoming and guiding people around the trust
- Facilities roles – Shop, catering and portering assistants

One of the highlights of the year was securing a grant from the external funder, to run youth volunteering (18 to 25) with a fitness and sports focus. The project has proved very successful, with some exciting outputs, including recruiting over 150 young volunteers, developing new befriending roles, producing a magazine and publishing and running the GOSH Games event (a mini Olympic sports and fun activities event).

Fundraising for our hospital

Great Ormond Street Hospital has always relied on the support of the public. From its opening in 1852 through to the establishment of the NHS in 1948, the hospital was funded exclusively by gifts from philanthropists and large numbers of subscribers. Today, although the basic level of provision is provided for by the NHS, the hospital is highly dependent on charitable giving in order to ensure that world-class standards of care for children are maintained and that research into new and better treatment is properly funded.

The range of people and organisations that support the hospital is humbling, all of them moved by the children, families and staff who are the heart of the hospital.

The hospital requires donations from the public to support four key areas:

1. Redevelopment of hospital buildings - staff and patients struggle with highly cramped, outdated clinical buildings completely ill-suited for 21st century medicine. Donations help us fund the necessary redevelopment of two-thirds of the hospital site.
2. Equipment - in order to provide world-class care to patients, it is essential to have the latest state-of-the-art equipment. Providing medical equipment suitable to be used for children, and babies, is particularly expensive.
3. Research - pioneering new ways to prevent, treat and cure complex, life-limiting and often life-threatening illnesses is critical to improving the lives of sick children.
4. Support – the hospital knows that having a parent staying with a child improves recovery; consequently the charity also fundraises to provide parent accommodation.

During the past year, the charity has been able to meet its annual targets thanks to some major gifts, corporate contributions and ongoing support from the general public.

Our work and future plans are supported by a number of charities, all independent of the NHS hospital Trust, most notably the Great Ormond Street Hospital Children's' charity and the Friends of Great Ormond Street Hospital..

Great Ormond Street Hospital Children's Charity needs to raise at least £50 million every year for the next ten years to allow it to continue to meet the needs of the hospital and fund the vital redevelopment programme. This is a great challenge in the light of increasing competition in the charity sector and a pessimistic economic outlook.

The remarkable children and families we care for move us to do all we can to improve the health of children. The needs of sick children do not go away and the hospital is aiming to be able to treat up to twenty per cent more children over the next few years. The Charity's commitment to raising these necessary funds is absolute; and it is fortunate to have the engagement of existing and prospective supporters in who have been inspired to supporting the hospitals work by accounts of the world class care provided, many by the children who are or have been cared for in the hospital.

Quality Account

To be added

Governance

Trust Board roles and responsibilities

The Trust Board has responsibility for setting the strategic direction of the Trust and for managing significant risks. The Board receives assurances that the Trust is fulfilling its responsibilities and complying with regulatory and legislative requirements.

The Board delegates specific functions to committees identified within terms of reference. The Trust is assured by a review of its effectiveness in 2010, that it operates a balanced and unified Board, one that has an appropriate balance of skills and experience.

Details of the remaining terms of office of the Chair and Non- Executive Directors are as follows:

Name	First appointment	To	Extended to
Baroness Tessa Blackstone	**01/01/2009**	**31/12/2013**	
Mr Andrew Fane	**01/11/2001**	**31/10/2009**	**31/10/2011**
Professor Andrew Copp	**01/02/2003**	**18/04/2011**	**31/08/2012**
Mr Charles Tilley	**01/09/2007**	**31/08/2015**	
Ms Mary MacLeod	**01/11/2008**	**31/10/2012**	
Ms Yvonne Brown	**01/07/2008**	**30/06/2012**	

Effectiveness Review

A Board development programme is underway, focused on preparation for Foundation Trust status.

The directors on the Board undergo an annual performance review, against agreed objectives, skills and competences and agree personal development plans for the forthcoming year.

The Trust continually seeks to review its governance framework including its committee structures, reporting requirements and effectiveness of its standing committees against their terms for reference.

Composition of the Trust Board

The composition of the Trust Board in 2010-11 was as follows:

Non-executive directors

Baroness Tessa Blackstone BSc (Soc) PhD

Chairman of the Trust Board

Baroness Blackstone leads a team of five non-executive directors, who contribute to the development of strategy for the Trust, monitor its activity and represent Great Ormond Street Hospital to the immediate and wider community.

Declared Interests

- Member, House of Lords
- Vice Chancellor, University of Greenwich
- Chair, British Library Board
- Member, Royal Opera House Board
- Director, UCL Partners

Ms Yvonne Brown LLB Solicitor

Non-executive director

Yvonne Brown is a solicitor whose main areas of expertise are children, child protection, family law, and education. In September 2005 she was appointed to the Solicitors Regulation Authority, where she chairs the Scrutiny Committee. Yvonne sits on the Trust Audit Committee and is also the non-executive Patient Environment Action Team (PEAT) lead.

Declared interests

- Board Member of the Solicitors Regulation Authority
- Consultant, Legal Management Consulting

Professor Andrew Copp MBBS DPhil FRCPath FMed Sci

Non-executive director

Andrew Copp is Dean of UCL Institute of Child Health (ICH). He is professor of developmental neurobiology at the Institute, as well as honorary consultant for the hospital.

Declared interests

- Director Institute of Child Health, University College London
- Honorary Director of Research, Children's Trust, Tadworth

• Associate Editor, Birth Defects Research Part A, USA
• Board member, Bo Hjeldt Foundation, Amsterdam

Mr Andrew Fane MA FCA

Non-executive director

Andrew Fane is a non-executive director of the Trust and associate Special Trustee of Great Ormond Street Hospital Children's Charity. Andrew is chair of the Clinical Governance Committee and a member of the Audit Committee and Redevelopment Steering Committee. He is a past Chairman of the Special Trustees of Great Ormond Street Hospital Children's Charity.

Declared interests

• Chairman, Friends of the Children of Great Ormond Street
• Chairman of Governors, The Children's Hospital School at Great Ormond Street and UCLH
• Chairman, General Charitable Trust, UCL Institute of Child Health
• Chairman, Child Health Research Appeal Trust, UCL Institute of Child Health
• Chairman, Bill Marshall Memorial Fund, UCL Institute of Child Health
• Director, Genex Biosystems Ltd, UCL Institute of Child Health
• Director, ICH Productions Ltd, UCL Institute of Child Health
• Trustee, The CP Charitable Trust (supporters of ICH)
• Trustee and Governor, The Coram Family
• Chairman of Trustees, The Foundling Museum
• Chairman, Audit Committee, English Heritage
• Trustee, League of Remembrance
• Wife – Clare Lucy Marx CBE MB BS FRCS - Orthopaedic surgeon at Ipswich Hospital NHS Trust; President, British Orthopaedic Association 2008/2009; and Member of the Council of the Royal College of Surgeons of England

Ms Mary MacLeod OBE MA CQSW DUniv

Non-executive director

Mary MacLeod sits on the Trust Clinical Governance Committee and is the non-executive Equality and Diversity lead. Mary MacLeod has a long and distinguished career in family policy, academia and social work. Until her retirement in 2009, Mary was chief executive of the Family and Parenting Institute.

Declared interests

• Member, Child and Family Court Advisory Service (Cafcass)

• Member, Internet Watch Foundation

• Member, Video Standards Council

• Member, Executive Board, UK Council for Child Internet Safety

• Chair, Gingerbread

• Chair, ESRC funded Research Advisory Group on outcomes of Domestic Violence

• Chair, Safenetwork Advisory Board

• Independent consultancy on family policy and child and family services

Mr Charles Tilley FCA

Non-executive director

Charles Tilley is chief executive officer at The Chartered Institute of Management Accountants (CIMA) and is a qualified accountant. He chairs the Trust Audit Committee.

Declared interests

• Chief executive, Chartered Institute of Management Accountants (CIMA)

• Non-executive director and member of Audit and Asset and Liability committees, Ipswich Building Society

• Director, Seaview Yacht Club Limited

Associate non-executive director

Ms Dorothea Hackman

Dorothea Hackman is the Chair of the Great Ormond Street Hospital Members' Forum. She serves as an Associate Non-Executive Director in an ex-officio capacity.

Declared interests

Chair of GOSH Patients'/Members Forum

Governor, GOSH School

Volunteer, Child Death Helpline

Trustee, St Pancras Lands Trust

Lay Chair, South Camden Deanery Synod

Trust Board executive directors

Dr Jane Collins MSc FRCP FRCPCH

Chief executive

Jane Collins is responsible for delivering the strategic and operational plans of the hospital, through her Executive Team. She leads the Transformation programme to improve the Trust's systems and processes and to increase efficiency and reduce costs. Jane sits on the UCL Partners Board.

Declared interests

- Advisory board member, Judge Business School, Cambridge University
- Chief Executive, Great Ormond Street Hospital Children's Charity
- Trustee - Child Health Research Appeal Trust and the General Charitable Trust of ICH
- Director, UCL Partners
- Director, Great Ormond Street International Hospital Community Interest Company (Dormant)
- Husband – Mr David Evans – Trustee of Shooting Star Children's Hospice

Dr Barbara Buckley MB BS FRCP FRCPCH

Co-medical director

Dr Buckley is responsible for postgraduate medical education and training for doctors; medical workforce development; the partnership services; and public health within the Trust. She has a long-standing interest in medical management.

Declared Interests

- None

Ms Fiona Dalton MA (Hons) (Oxon)

Deputy chief executive/ Chief Operating Offocer

Fiona Dalton is responsible for the operational management of clinical services within the Trust, and also leads the strategic planning, performance management and operational HR functions for the Trust.

Declared Interests

• None

Mrs Elizabeth Morgan MSc; RGN; RSCN; RNT; RCNT; Dip N; IHSM Diploma
Chief nurse and director of education (from June 2010)

Elizabeth Morgan is responsible for the professional development of nursing and all other non-medical clinical staff groups. She is also responsible for education and training for all staff in the Trust. She is lead director for child protection.
Declared interests
None

Mr Robert Evans BSc (Hons) BDS (Hons) MScD FDSRCS (Eng) MOrth RCS (Ed)
Co-medical director (until August 2010)

Mr Evans was the Co- medical Director until August 2010 and responsible for performance and standards (including patient safety). He is the Trust's Caldicott Guardian. Mr Evans is an orthodontist and has sub-specialised in the management of children/adolescents with complex congenital craniofacial deformities.

Declared interests
• Patron, Headlines (Craniofacial Support Group)
• Private practice
• Chair, London Dental Forum (London Deanery) until August 2010
• Member of the Patient Safety Counsel – Addenbrooke's Hospital, Cambridge until August 2010

Professor Martin Elliott MB BS MD FRCS
Co-medical director (from September 2010)

Professor Elliott became Co- Medical Director in September 2010. He is responsible for performance and standards (including patient safety). He leads on clinical governance and is co-ordinating the development of outcome measures. Professor Elliott continues to practice as a cardiothoracic surgeon.

Declared interests
• Honorary President of 'The Richard Hall Trust'
• Board Member, World Society of Paediatric and Congenital Heart Disease

Mrs Claire Newton MA (Cantab) ACA MCT
Chief finance officer

Claire Newton is responsible for the financial management of the Trust. Claire also leads on information governance and information technology. She is a qualified accountant and member of the Association of Corporate Treasurers.

Declared interests
• Director, Great Ormond Street International Hospital Community Interest Company (Dormant)

Mrs Janet Williss RN Adult and Child BSc (Hons) MSc
Acting Director of Nursing, Education and Workforce Development

Declared interests
Fitness to Practice panellist at Nursing and Midwifery Council

Non - Trust Board other directors

Professor David Goldblatt MB ChB PhD MRCP FRPCH (non-Trust Board)
Director of clinical research and development

David Goldblatt leads the strategic development of clinical research and development across the Trust and the UCL Institute of Child Health. He is an honorary consultant immunologist and leads a research team at the Institute.

Declared interests
- Programme Director for Child Health, UCL Partners
- Member, Wellcome Trust Immunology and Infectious Disease Funding Committee
- Occasional Member, Expert Panels/ Advisory Boards for Pfizerm, Sonofi Pasteur, Novartis and Vaccines
- Member of Department of Health JCV1 Subcommittees - Pneumococcal
- Member of Department of Health , Pandemic Influenza Advisory Committee

Mr William McGill MSc (non-Trust Board)

Director of redevelopment

William McGill leads the work to redevelop the Trust's buildings. The redevelopment is being undertaken in stages, so the hospital can continue to function whilst the work is carried out. One of his key roles is to co-ordinate this complicated process.

Declared interests

- None

Mr Mark Large MBCS CITP MCMI (non-Trust Board)

Director of Information Technology (IT)

Mark Large leads on IT for the Trust encompassing the updating of the IT Infrastructure, creation and delivery of the IT Strategy, in turn supporting the achievement of Trust objectives.

Declared interests

- Son on part-time work experience since November 2010 at Block Solutions

Mr Trevor Clarke (non-Trust Board)

Director of International Patients

Trevor Clarke is responsible for the strategic development and management of the Trust's International and Private Patients Division.

Declared interests

- None

Attendance at Board of Directors and Board committee meetings

During 2010-11, the Trust Board held 10 Trust Board meetings - seven of these included sessions in public. In February and October, the Board held development sessions. The June meeting was called to approve the annual accounts. The Board did not meet in August or December.

	Trust Board	Audit Committee	Clinical Governance Committee
Number of meetings 2010/11	**10**	**4**	**4**
Tessa Blackstone (Chair)	**10**	**Not a member**	**Not a member**
Andrew Fane (NED)	**10**	**3**	**4**
Andrew Copp (NED)	**8**	**Not a member**	**3**
Charles Tilley (NED)	**10**	**4**	**Not a member**
Mary MacLeod (NED)	**10**	**Not a member**	**4**
Yvonne Brown (NED)	**10**	**4**	**Not a member**
Jane Collins (Chief Executive)	**10**	**Invitee - 4**	**4**
Fiona Dalton (Chief Operating Officer)	**9**	**Invitee - 3**	**4**
Claire Newton (Chief Finance Officer)	**10**	**Invitee - 4**	**Not a member**
Rob Evans (Co- Medical Director until August 2010)	**4**	**Not a member**	**1**
Professor Martin Elliott (Co-Medical Director from September 2010)	**6**	**Not a member**	**1**
Barbara Buckley (Co- Medical Director)	**10**	**Not a member**	**Not a member**
Ms Janet Williss (Acting Chief Nurse and Director of Education until June 2010)	**2**	**Not a member**	**1**
Elizabeth Morgan (Chief Nurse and Director of Education from June 2010)	**8**	**Not a member**	**3**

Trust Board committees – role and membership

The Board delegates functions to the following subcommittees:

Audit Committee

The committee considers the effectiveness of the Trust's systems of integrated governance, non-clinical risk management and the financial and non-financial internal controls that support the achievement of the organisation's objectives. It works alongside the Trust's Clinical Governance Committee, which oversees clinical governance and risk management. The Audit Committee meets at least four times a year, which ensures coverage of its terms of reference and the Trust's governance and risk framework. This includes receiving reports from both the external and internal auditors. Membership of the committee is as follows:

Mr Charles Tilley FCA (Chair)

Mr Andrew Fane MA FCA

Ms Yvonne Brown LLB Solicitor

Mr Michael Dallas (independent external committee member) BCom CA (SA)

Clinical Governance Committee

The Clinical Governance Committee is a sub-committee of the Trust Board with delegated authority to review clinical governance and risk management matters. Its membership includes senior clinical and non-clinical managers as well as executive and non-executive directors. The Committee meets at least four times a year, and receives reports from internal auditors and clinical audit.

Mr Andrew Fane (Chair)
Ms Mary MacLeod
Professor Andrew Copp
Dr Jane Collins
Ms Fiona Dalton
Professor Marin Elliott
Mrs Elizabeth Morgan

Remuneration Committee

See page x for an overview of the role and function of this committee.

Statement on audit information by each Director

The Directors have confirmed that, as far as they are aware, there is no relevant audit information of which the auditors are unaware. The Directors have each confirmed that they have taken all the steps that they ought to have taken as directors in order to make themselves aware of any relevant audit information and to establish that it has been communicated to the auditor.

Jane Collins
Chief Executive
[DATE]

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

The Chief Executive of the NHS has designated that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;

- value for money is achieved from the resources available to the Trust;

- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;

- effective and sound financial management systems are in place; and

- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer.

Signed.....Chief Executive

Date.....

Statement of Director's responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;

- make judgements and estimates which are reasonable and prudent;

- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board

.....Date.....Chief Executive

.....Date.....Finance Director

External audit

Independent auditors' report to the Board of Great Ormond Street Hospital for Children NHS Trust

Reviewed by Trust Board in June 2011 and approved – to be added

Statement on internal control

International Financial Reporting Standards (IFRS)

This Annual Report includes accounts prepared in accordance with IFRS, which is a requirement for all NHS trusts.

Statement on Internal Control

1. Scope of responsibility

The Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

As Chief Executive I have overall responsibility for ensuring there is an effective risk management system in place within the Trust, for meeting all relevant statutory requirements and for ensuring adherence to guidance issued by the Department of Health and the Care Quality Commission. Further accountability and responsibility for elements of risk management are set out in the Trust's Risk Management Strategy. There are two board assurance committees, the Audit Committee and the Clinical Governance Committee which assess the assurance available to the Board on risk management and to raise issues requiring attention.

The Trust works closely with the London Strategic Health Authority, representatives of its key commissioners, other health and social care providers and agencies and its research partners, which include UCL Partners. Financial and performance information is provided on a monthly basis and in response to adhoc enquiries to the London Strategic Health Authority and also to the Trust's local, regional and national commissioners. This information includes an assessment of performance measured against internal plans, national indicators where relevant and a number of operational and quality metrics tailored to the Trust's specialist services.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives,

- evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in GOSH for the year ended 31 March 2011 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

The Trust is committed to providing high-quality patient services in an environment that is safe and secure and has an integrated governance framework with clear accountability for risk.

The risk management strategy sets out the specific roles and responsibilities of the Trust's committees in respect of risk management and defines the delegation of responsibility for specific aspects of risk through the executive directors.

The Trust believes that good risk management is an integral part of an efficient and effective organisation:

- In addition to the Board's assurance committees, the Trust's Management Board (comprising senior managers from all clinical units and corporate departments), the Risk Assurance and Compliance Group (comprising executives, quality, safety and compliance leads and internal audit) and the Quality and Safety Committee (comprising senior clinical staff from all staff categories and clinical support staff) are the key senior management forums for consideration of risks. Each of these groups receive reports of risks, incidents and risk mitigating actions from unit and department groups and specialist sub- committees. In addition each Clinical Unit Board considers risks, quality and safety indicators, incidents and complaints on a regular basis.
- Training is provided for all staff in risk management relevant to their grade and situation to ensure they have the necessary skills and knowledge and are competent to identify, control and manage risk within their work environment. This is delivered at induction, through mandatory updates and through the policies and procedures in place.
- To support staff through the risk assessment process, expert guidance and facilitation is available from members of the Patient and Staff Safety and Health and Safety teams who are responsible for the coordination of risk management, clinical governance and health and safety. These teams also disseminate good practice arising from both external sources and internal exemplars within the Trust.
- Each clinical unit now has "patient safety" coordinators responsible for facilitating progress on all safety improvement initiatives within the unit.

4. The risk and control framework

The Trust's Assurance Framework is based on structured and ongoing assessment of the key risks to the Trust of not achieving its objectives. The Framework is used to provide information of the controls in place to manage the key risks and details the evidence provided to the Board indicating that the control is operating. It is mapped to the CQC essential standards for quality and safety and to other internal and external risk management processes such as the NHS Litigation Authority Standards, Internal and External Audit recommendations and the Information Governance Toolkit. It has been monitored and updated throughout the year.

Each risk on the Assurance Framework, the related mitigation controls and assurance available as to the effectiveness of the controls is reviewed by the Risk Assurance and Compliance Group and by either of the Clinical Governance Committee or the Audit Committee at least annually.

The top risks for the Trust during the year and in the immediate future are:

- maintaining patient safety
- issues in recruiting and retaining staff with the skills required in specialist services
- financial sustainability

Each of these risks have been regularly reviewed during the year but remain the Trust's top risks in future years. As part of the review the risks are broken down into a number of component parts, and appropriate mitigating actions for each component identified which may vary year on year. Outcomes will be monitored by the Management and Trust Boards through the monthly financial, quality and safety and KPI performance reports, information included in the Quality Accounts and at clinical unit and corporate department level through the Trust's quarterly strategic reviews.

The risk management strategy sets out guidance for the maintenance of risk registers for all departments within the Trust to manage operational risks. In addition, it ensures that all staff are aware of their roles and responsibilities in managing risks and describes the processes in place by which risk is assessed, controlled and monitored.

Each unit and department is required to identify, manage and control local risks whether clinical, non-clinical or financial in order to provide a safe environment for patients and staff and reduce unnecessary expenditure. This ensures the early identification of risks and the devolution of responsibility for management of risks to staff at all levels of the organisation. In practice this is achieved through the involvement of staff in risk action groups, risk training and occasional surveys.

Risks are identified through diverse sources of information such as formal risk assessments, audit data, clinical and non-clinical incident reporting, complaints, claims, patient/user feedback, information from external sources in relation to issues which have adversely affected other organisations, operational reviews and use of self-assessment tools. Further risks are also identified through specific consideration of external factors, progress with strategic objectives and other internal and external requirements affecting the Trust.

Risks are evaluated using a scoring system that enables the Trust to assess the impact and likelihood of the risk occurring and prioritise accordingly. Assessments are made as to whether the prioritised risks are acceptable or not. Control measures are identified for accepted risks, with the risk assessment score informing the level of control required. A designated person becomes responsible for monitoring, reviewing and reporting on the effectiveness of the control in place. Risks and controls are evaluated periodically and when new or changed risks are identified or if the degree of acceptable risk changes.

The Trust recognises the importance of the involvement of stakeholders in ensuring that risks and accidents are minimised and that patients, visitors, employees, contractors and other members of the public are not exposed to any unnecessary risks or hazards. Risks are assessed and managed to ensure that the Trust's systems reflect consideration of all these stakeholder interests.

Risks to data security are managed in the same way as other Trust risks but are subject to separate evaluation and scrutiny by the Information Governance Steering Group which reports to the Trust's Management Board. This Group uses the Information Governance Toolkit assessment to inform its review.

As an employer with staff entitled to membership of the NHS Pension scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.]

The Trust is fully compliant with CQC essential standards of quality and safety.

Use of the Framework has identified minor control gaps in the following areas:

- Information governance – the Trust was required to achieve scores of two or more on all Information Governance toolkit requirements but was unable to score the requirement relating to pseudonymisation of patient data at this level. A project team has been working to address the requirements throughout the financial year but there are issues in fulfilling the requirements due to the age and number of critical clinical systems within the Trust. In addition an incident was reported to the Information Commissioner following a procedural error by which invoices containing details of the care provided to 12 private patients were sent to the home of one of the patients rather than to the funder. A full investigation was carried out and procedures strengthened to prevent recurrence of the error.
- Communication with referrers – the results of a survey of clinicians referring patients to the Trust indicated that some individuals did not consider that they received appropriate levels of information following the assessment or treatment of patients. An action plan is being followed to improve the effectiveness of communications and engagement with referrers and progress with this plan is being regularly monitored.

Assurance gaps have been identified as a result of routine internal audit reports although the gaps related to a small number of individual control objectives. There was one audit of the management of medical equipment where the overall results were considered to provide limited assurance that controls are effective. The specific issues were the lack of evidence that: some but not all items of equipment due for service had been identified on a timely basis; equipment retired during the period had been disposed of safely; and that incidents reported relating to specific equipment were being noted in the medical equipment register. An action plan was agreed to address these assurance gaps and is subject to regular monitoring of progress.

5. Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways.

The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of Internal Audit's work and this opinion has provided **reasonable** assurance.

Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.

The information included in the Quality Accounts and the monthly Zero Harm reports at Clinical Unit and Trust level provide me with an opinion on the Trust's progress against targets set to minimise issues relating to quality and safety.

The Risk, Assurance and Compliance Group - which comprises executives and other staff responsible for risk management and internal audit -ensures that for each risk the mitigating actions are appropriate and that there is assurance as to the effectiveness of these actions. Plans to address weaknesses and ensure continuous improvement of the controls are also monitored

My review is also informed by discussions at the assurance committees of the Board whose agendas include reports from internal auditors and external auditors and the executives responsible for the mitigating actions related to each risk. It is also supplemented by the reviews of compliance with CQC safety and quality standards; consideration of performance against national targets, the RPST Level 1 accreditation; the baseline assessment on the information governance framework; Health and Safety Executive reviews; the PEAT assessment and relevant reviews by the Royal Colleges.

The Trust was reviewed for Level 2 compliance with the NHS Litigation Authority (Clinical Negligence Scheme for Trusts) Risk Management Standards during 2009/10 and was found to be compliant.

The Trust Board is committed to continuous improvement and through its agenda ensures that there are regular reviews of the Trust's performance in

relation to its key objectives and that processes for managing the risks are progressively developed and strengthened.

With the exception of the minor gaps in internal controls and assurances that I have outlined in this statement, my review confirms that GOSH has a generally sound system of internal controls that supports the achievement of its policies, aims and objectives and I am confident that all minor gaps are being actively addressed.

Statement of comprehensive income

For the year ended 31 March 2011

Reviewed by Trust Board in June 2011 and approved – to be added

Statement of changes in taxpayers' equity

Reviewed by Trust Board in June 2011 and approved – to be added

Statement of cash flows

For the year ended 31 March 2011

Reviewed by Trust Board in June 2011 and approved – to be added

Notes to the accounts

Reviewed by Trust Board in June 2011 and approved – to be added

Remuneration report

The remuneration and conditions of service of the Chief Executive and Executive Directors are determined by the Remuneration Committee. The committee meets twice a year, in March and November.

The committee determines the remuneration of the Chief Executive and Executive Directors after taking into account uplifts recommended for other NHS staff, any variation in or changes to the responsibilities of the Executive Directors, market comparisons, and Hay job evaluation and weightings. There is some scope for adjusting remuneration on the basis of performance.

The remuneration of the Chairman and Non-Executive Directors is determined by the Department of Health. Pension arrangements for the Chief Executive and Executive Directors are in accordance with the NHS Pension Scheme. The accounting policies for pensions and other relevant benefits are set out in the notes to the accounts. Non-Executive Directors do not receive pensionable remuneration.

Mr Andrew Fane (Chairman)
Baroness Tessa Blackstone
Ms Yvonne Brown
Professor Andrew Copp
Ms Mary MacLeod
Mr Charles Tilley

SALARY ENTITLEMENTS OF SENIOR MANAGERS

Name	Title	2010/11 Salary (bands of £5000) £000	2009/10 Salary (bands of £5000) £000
Non-executive:			
Baroness Tessa Blackstone*†	Chair	20-25	20-25
Yvonne Brown*†	Non Executive Director	5-10	5-10
Professor Andrew Copp*†	Non Executive Director	5-10	5-10
Andrew Fane*†	Non Executive Director	5-10	5-10
Mary Macleod OBE*†	Non Executive Director	5-10	5-10
Charles Tilley*†	Non Executive Director	5-10	5-10
Executive:			
Barbara Buckley *	Co-Medical Director	170-175	170-175
Trevor Clarke	Director of International Private Patients	65-70	65-70
Jane Collins *	Chief Executive	180-185	180-185
Fiona Dalton *	Deputy Chief Executive/Director of Operations*	125-130	130-135
Martin Elliott *	Co-Medical Director (from 1st September 2010)	135-140	n/a
Robert Evans *	Co-Medical Director (until 31st August 2010)	70-75	165-170
Professor David Goldblatt	Director of Clinical Research and development	65-70	60-65
Mark Large	Director of ICT	90-95	90-95
Bill McGill	Director of Estates and Redevelopment	125-130	125-130
Liz Morgan *	Director of Nursing, Education & Workforce Development (from 1st June 2010)	85-70	n/a
Claire Newton *	Chief Finance Officer	125-130	120-125
Janet Williss	Acting Director of Nursing (* until 20th June 10)	20-25	15-20

SALARY ENTITLEMENTS OF SENIOR MANAGERS

* denotes Board member
† denotes member of Remuneration Committee
No senior manager at the Trust received any other benefits from the Trust.

GOSH 2010/11 PENSION ENTITLEMENTS - SENIOR MANAGERS

Name	Title	Real increase in pension at age 60	Real increase in pension lump sum at age 60	Total accrued pension at age 60 at 31 Mar 2011	Lump sum at age 60 at 31 March 2011	Cash Equivalent Transfer Value at 31 March 2011	Cash Equivalent Transfer Value at 31 March 2010	Real Increase /(Decrease) in Cash Equivalent Transfer Value

		(bands of £2500)	(bands of £2,500)	(bands of £5,000)	bands of £5,000)			
		£000	£000	£000	£000	£000	£000	£000
Dr Barbara Buckley	Co-Medical Director	0-2.5	5-7.5	45-50	135-140	773	829	(56)
Trevor Clarke	Director of International Private Patients	0-2.5	2.5-5	30-35	100-105	605	651	(46)
Dr Jane Collins	Chief Executive	2.5-5	10-12.5	75-80	235-240	1,647	1,705	(58)
Ms Fiona Dalton	Deputy Chief Executive/Director of Operations	0-2.5	2.5-5	25-30	75-80	269	303	(34)
Professor Martin Elliott	Co-Medical Director	2.5-5	7.5-10	90-95	270-275	n/a	n/a	n/a
Mr Robert Evans	Co-Medical Director	0-2.5	5-7.5	45-50	145-150	955	1,062	(107)
Mark Large	Director of ICT	0-2.5	2.5-5	15-20	45-50	274	286	(12)
Mr William (Bill) McGill	Director of Redevelopment	0-2.5	5-7.5	50-55	155-160	1,231	1,261	(30)
Liz Morgan	Director of Nursing, Education & Workforce Development	10-12.5	30-32.5	45-50	135-140	1,008	814	194
Mrs Claire Newton	Chief Finance Officer	0-2.5	2.5-5	5-10	15-20	104	81	23
Janet Williss	Acting Director of Nursing	0-2.5	2.5-5	30-35	90-95	549	576	(27)

There were no employers contributions to stakeholder pensions for any of the senior managers.

Salaries payable to non-executive directors are non-pensionable.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004/05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and

Faculty of Actuaries.

Real increase / decrease in CETV – This reflects the increase/decrease in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period and in the current year reflects revised actuarial assumptions.

GLOSSARY

Financial glossary

Capital expenditure
Expenditure to renew the fixed assets used by the Trust.

Capital resource limit
The limit on the amount that the Trust was permitted to invest in capital expenditure, other than expenditure funded from charitable sources.

Depreciation
The process of charging the cost of a fixed asset to the income and expenditure account over its useful life to the Trust, as opposed to recording the cost in a single year.

External financing limit
The limit on the funding which could be drawn down from the Department of Health during the year.

Fixed assets
Land, buildings or equipment that are expected to be used to generate income to the Trust for a period exceeding one year.

Impairment
A charge to the revenue account resulting from a reduction in value of assets

Indexation
The process of adjusting the value of a fixed asset to account for inflation. Indexation is calculated using indices published by the Department of Health.

Net current assets
Items that can be converted into cash within the next 12 months (eg debtors, stock or cash minus creditors). Also known as working capital.

Provisions

Costs treated as expenditure in the current or previous periods but where cash will actually be paid in future periods. Amounts are estimated because it is not possible to be certain about exact timing and amount.

Public dividend capital

The NHS equivalent of a company's share capital.

General glossary

To be completed by the Communications Team

Attachment L

Great Ormond Street Hospital for Children NHS Trust

Trust Board June 2011	
Title of document Key Performance Indicator (KPI) report	**Paper No: Attachment L**
Submitted on behalf of. Fiona Dalton, Chief Operating Officer	

Aims / summary

The KPI report monitors progress against the trust's seven strategic objectives, providing traffic light analysis against each of the supporting work streams with further supporting graphs representing key outcome measures. Remedial actions, where performance is not being maintained or achieved, are being addressed through Management Board. The report has additionally been considered in light of the 2011/12 Annual Plan and Commissioner CQUIN standards. New Indicators include:

- 48 Hour readmission to ITU
- Prescribing errors Haematology / Oncology
- Referral to Treatment Times
- Accidental extubation
- CRES 2011/12 trust Position
- CRES 2012/13 trust Position
- Information Governance

Action required from the meeting

Trust Board to note progress.

Contribution to the delivery of NHS / Trust strategies and plans

To assist in monitoring performance against internal and external defined objectives and NHS Plan targets.

Financial implications

None

Legal issues

None

Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, children and families) and what consultation is planned/has taken place?

Our lead Commissioner receives a copy of the executive summary on a quarterly basis.

Who needs to be told about any decision

Senior Management Team.

Who is responsible for implementing the proposals / project and anticipated timescales

Each Trust objective task has an identified person responsible for implementation and an Executive Director nominated as the accountable officer.

Who is accountable for the implementation of the proposal / project

As above.

Author and date

Janine Gladwell, Capacity and Access Manager. June 2011

Attachment L

KPI Exception report

1. C. Difficile and MRSA (Report page 2 Graph 1)

In month the trust has reported 1 case of C. difficile. Year-to-date the trust has reported 3 cases against a year-to-date trajectory of 1.5. The trajectory for the year is 9 cases.
The Department of Health (DH) have not yet agreed to a paediatric target different from adult. The DH advisory committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) will be presenting our opinion on this again soon.

2. Inpatients waiting list profile by weeks waiting (Report page 4, Graph 13)

May performance decreased with 73 patients reported as breaching the 26 week waiting standard. Specific concerns have been identified across several specialties:
Dental & Maxillofacial: Due to an over-subscription to Mr Ayliffes surgical waiting list.
Spinal Surgery: As a result of the closure of the service in previous months.
Orthopaedics: Long waits identified. The service is currently reviewing the waiting list to identify issues.

3. Referral-to-treatment Times (95th percentile and Median Waits)

The trust achieved the 95th percentile targets for admitted and non-admitted pathway waits in April. Performance for incomplete pathways, however, was reported at 33.71 weeks against a standard of 28 weeks. Validation of incomplete pathways continues and we anticipate being within the 28week standard by June 2011.

The trust achieved the Median wait standard for admitted patient pathways in April. However, performance for non-admitted and incomplete pathways is reported over target. This is indicative of a specialist acute trust with a high number of tertiary referrals as many patients will arrive on an already ticking pathway. This position has been communicated to NHS London and our lead commissioners.

4. Clinic outcome form completeness. (Report page 5, Graph 16)

The overall performance for clinic outcome form completeness increased to 59.9% in May against an April position of 50%.
Due to lack of achievement in this area an 18 week pathway project group has been established to identify and resolve specific issues, which includes a detailed review of the process for the recording of clinic outcomes and increased education and training in this area.

5. Market Share Analysis – Management Board March 2011

The attached charts show the market share trends for our priority specialties on a quarterly basis. The summary of the recent changes are:

Specialty	Target Markets	Market Share Trend	Key Competitors Changes	Comments
Cardiac Surgery	NL + Surrounding Further Regional	Stable	Southampton Oxford	Southampton continue to consolidate the Oxford workload
Neuro Surgery	NL and SL and Surrounding	Down	Kings	Continued slow decline
General Surgery	NL + Surrounding	Down	Cambridge	Downturn in last quarter of 2010/11
Spinal Surgery	NL and SL and Surrounding	Down	Stanmore Guy's	Stanmore recovered to largest share in North London & Guy's making progress in South London
Gastro	NL + Surrounding	Stable		
Haem / Onc	NL and SL and Surrounding	Stable		

NL surrounding areas: Bucks, Essex, Beds and Herts
SL surrounding areas: Kent, Sussex and Surrey
Further Regional areas: Cambridge, Suffolk, Norfolk, Berks, Oxon, Hants and IOW
Green: Market Share Gain
Orange: Stable Market Share
Red: Market Share Loss

Attachment L

Great Ormond Street Hospital for Children NHS Trust

Trust Board

Key Performance Indicator Report

May-11

Key Performance Indicator Report

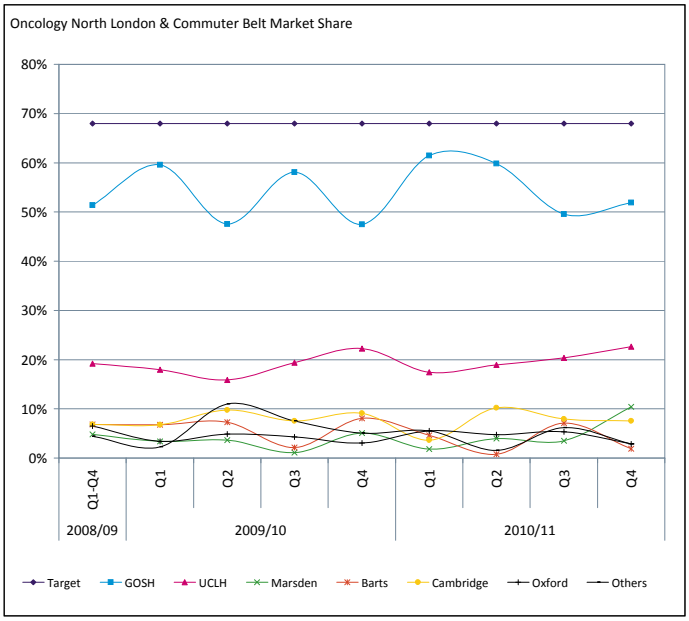
Great Ormond Street Hospital for Children NHS Trust

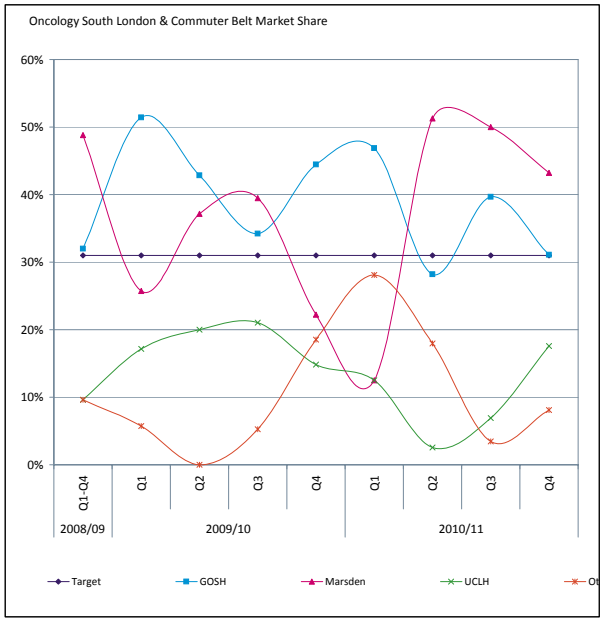
Dashboard

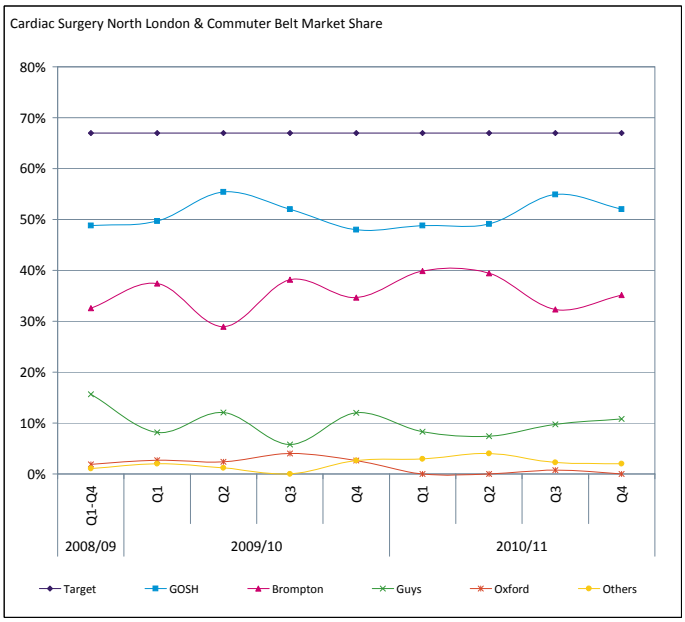
Objective / Indicator	YTD Target/Trajectory (11/12)	YTD Performance	In month / quarter performance	Performance against previous reporting period	Reported	RAG
1. Consistently deliver clinical outcomes that place us amongst top 5 Children's Hospitals in the world						
Incidence of C.difficile	1.5	3	1	↑	Monthly	Red
Incidence of MRSA	0	1	0	↑	Monthly	Red
Incidence of MSSA	TBC	2	1	↔	Monthly	-
Mortality figures	Within tolerance	15	7	↓	Monthly	Green
No. of NICE recommendations unreviewed	<3	-	6	↓	Monthly	Amber
Medication errors reported (per 1000 bed days)	Data under review	-	-	-	-	-
Serious incidents	Within tolerance	2	0	↑	Monthly	Green
Incidence of Central Venous Line related infections (per 1000 bed days)	1.5	1.38	No May data	-	Monthly	Green
Surgical site infections as a percentage of Urology operations	0.24%	0.64%	0	↑	Monthly	Amber
Incidence of Ventilator-Associated Pneumonia (VAP)	0	0	No May data	-	-	-
Surgical Checklist completed - Sign in (%)	100	-	88.6	↑	Monthly	Amber
Surgical Checklist completed - Time out (%)	100	-	79.7	↓	Monthly	Amber
Surgical Checklist completed - Sign out (%)	100	-	73.2	↓	Monthly	Amber
2. Consistently deliver an excellent experience that exceeds our patient, family and referrers' expectations						
Inpatient waits >26wks	<5	-	73	↓	Monthly	Red
18 week performance - Admitted (%)	90	91.2	91.2	↓	Monthly	Green
18 week performance - Non-Admitted (%)	95	97.65	97.65	↑	Monthly	Green
95th Centile RTT - Admitted	<23 weeks	21.75	21.75	↑	Monthly	Green
95th Centile RTT - Non-Admitted	<18.3 weeks	17.61	17.61	↓	Monthly	Green
95th Centile RTT - Incomplete Pathways	<28 weeks	33.78	33.78	↓	Monthly	Red
Median Wait - Admitted	<11.1 weeks	9.5	9.5	↑	Monthly	Green
Median Wait - Non-Admitted	<6.6 weeks	7.02	7.02	↑	Monthly	Amber
Median Wait - Incomplete Pathways	<7.2 weeks	8.71	8.71	↑	Monthly	Amber
Clinic outcome form completeness (%)	95	59.62	59.51	↑	Monthly	Red
Valid coding for ethnic category - inpatient (%)	85	91.6	91.5	↔	Monthly	Green
Discharge summary completion (%)	95	75.79	73.3	↑	Monthly	Red
Did not attend - outpatients (%)	10	8.35	8.4	↓	Monthly	Green
3. Successfully deliver our clinical growth strategy						
Theatre Utilisation - U4 (%)	70	-	78.1	↑	Monthly	Green
Follow up to new ratio	4.18	4.33	4.33	↔	Monthly	Amber
No. of External emergency referrals to PICU/NICU refused	To reduce	-	No May data	-	-	-
Income variance - Budget against actual	-	197	197	↑	Monthly	-
4. Currently partnered with ICH, and moving to UCL Partners with AHSC, maintain and develop our position as the UK's top children's research organisation						
External Research Grants - Commercial and non-commercial (£)		57,702	0	↓	Monthly	Green
Clinical trials - number recruited	TBC	131	31	↓	Monthly	Green
5. To work with our academic partners to ensure that we are provider of choice for specialist paediatric education and training in the UK						
MPET SLA Value (£)	-	7192841	7,192,841	↔	Quarterly	Green
						Green
6. Deliver a financially stable organisation						
CRES delivered (£000) - Released from budgets	-	283	283	↑	Monthly	-
Bank and Agency Total expenditure (£000)	-	-	1,152	↑	Monthly	-
Monitor Risk Rating	3	-	2	↔	Monthly	Amber
Charity fundraising target	6,235,000	-	6,225,000	↑	Monthly	Amber
7. Ensure corporate support processes are developed and strengthened in line with the changing needs of the organisation						
Sickness absence rate (%)*	TBC	-	3.3	↔	Quarterly	-
No. of staff in post - Costs*	TBC	-	£47,901	-	Quarterly	-
Vacancy rate (%)	TBC	-	8.36	↑	Quarterly	-
Turnover rate (%)*	TBC	-	18.1	↔	Quarterly	-
NHS Number completeness - FCE inpatient (%)	95	98.8	98.52	↔	Monthly	Green
NHS Number completeness - outpatient (%)	95	99.1	98.45	↔	Monthly	Green
Staff PDR completeness - clinical (%)	80	-	75.7	↑	Monthly	Amber
Staff PDR completeness - non clinical (%)	80	-	74.9	↑	Monthly	Amber
Staff trained on Information Governance by week (%)	-	-	63.00	↑	Monthly	-
Network Availability (%)	99.99	-	100	↔	Monthly	Green
Average Key Server Availability Monthly (%)	-	-	100	↑	Monthly	-
Monthly Key Application Availability	-	-	99.56	↑	Monthly	-

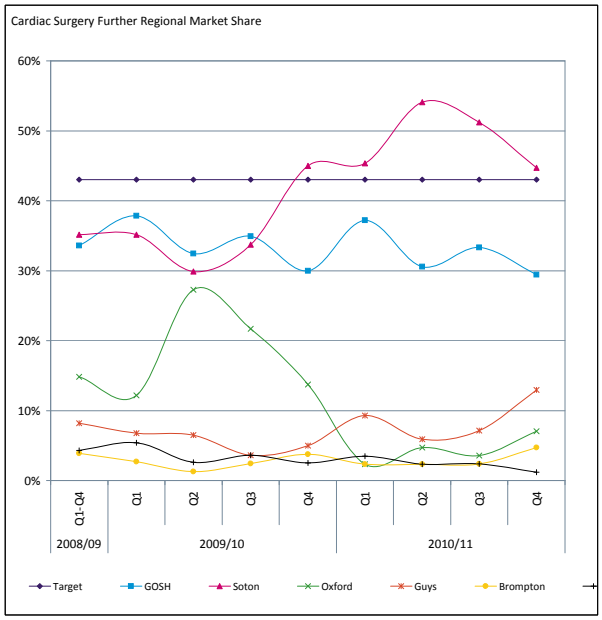
* Rolling 12 month position

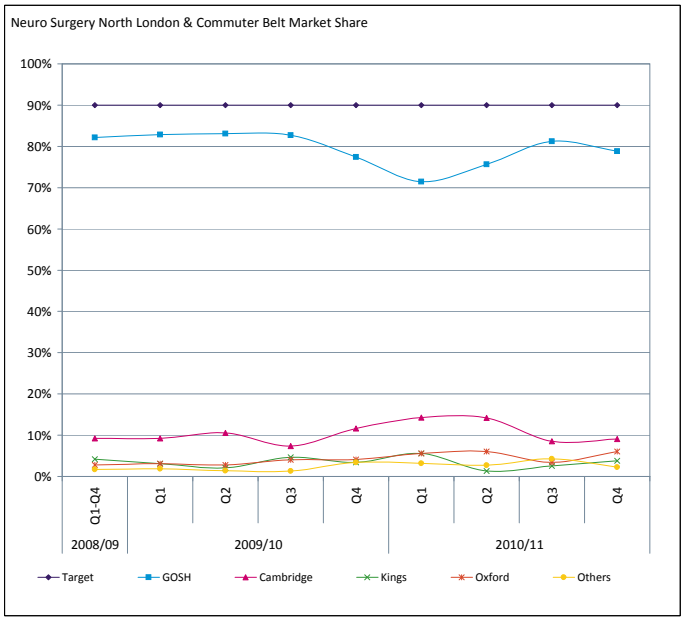
Market share summaries 2010/11 Q4

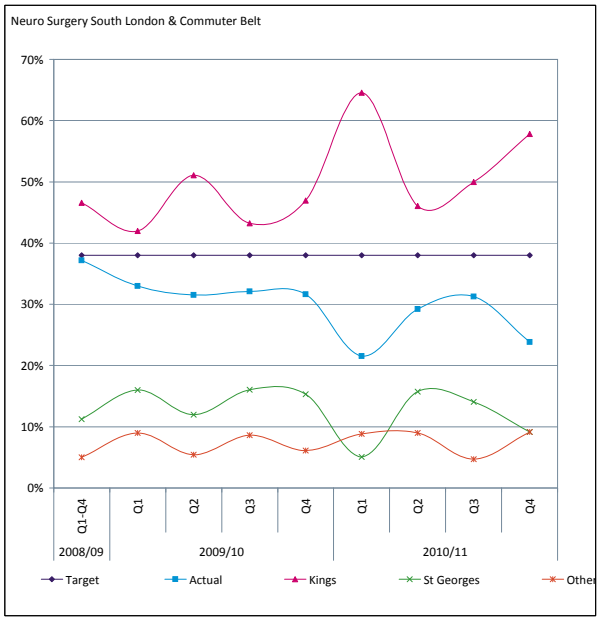


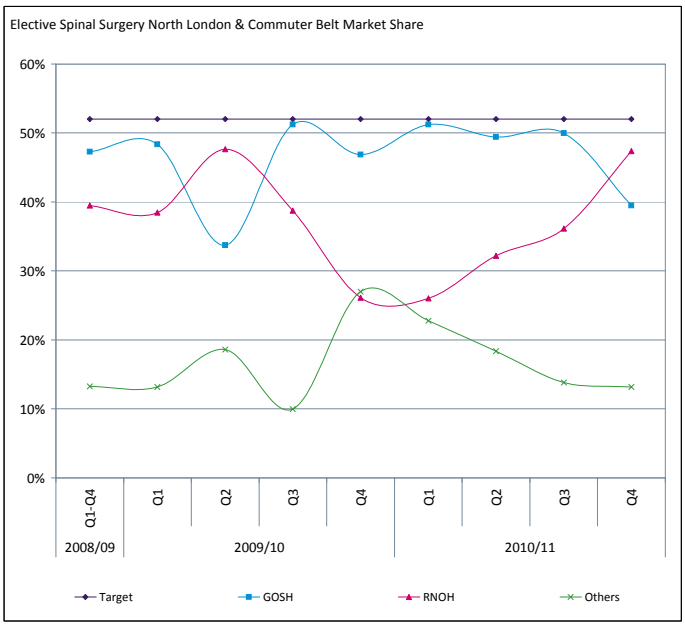


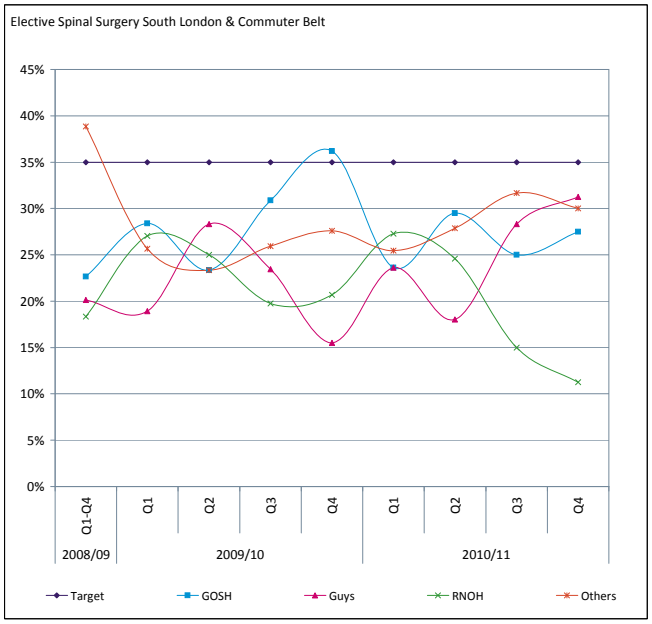


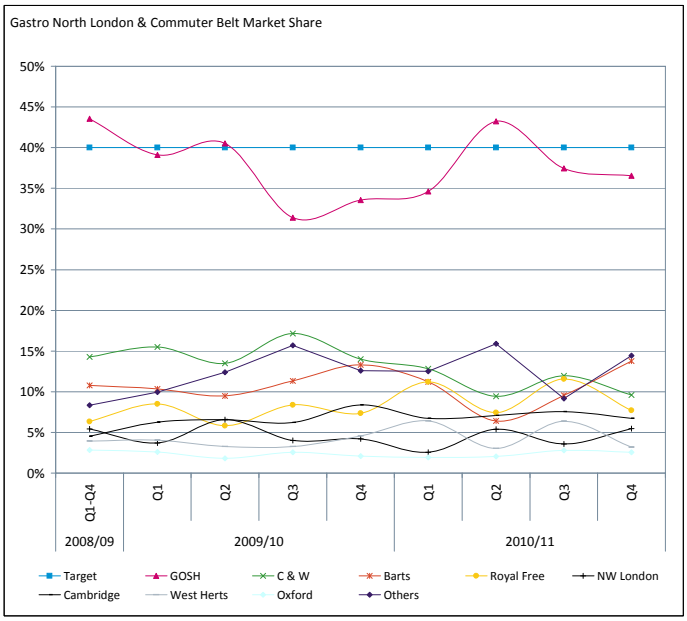


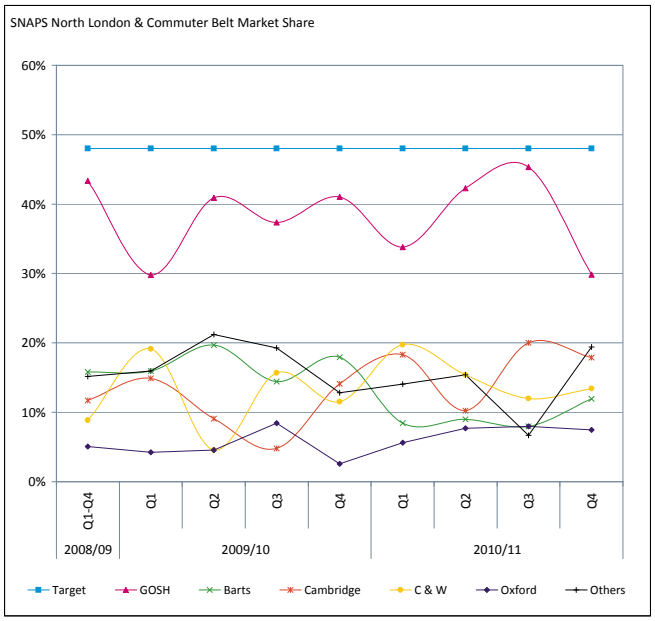





Elective Spinal Surgery North London & Commuter Belt Market Share
60%
50%
40%
30%
20%
10%
0%
Q1-Q4
Q1
Q2
Q3
Q4
Q1
Q2
Q3
Q4
2008/09
2009/10
2010/11
Target
GOSH
RNOH
Others


Elective Spinal Surgery South London & Commuter Belt
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
Q1-Q4
Q1
Q2
Q3
Q4
Q1
Q2
Q3
Q4
2008/09
2009/10
2010/11
Target
GOSH
Guys
RNOH
Others


Gastro North London & Commuter Belt Market Share
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
Q1-Q4
Q1
Q2
Q3
Q4
Q1
Q2
Q3
Q4
2008/09
2009/10
2010/11
Target
GOSH
C & W
Barts
Royal Free
NW London
Cambridge
West Herts
Oxford
Others


SNAPS North London & Commuter Belt Market Share
60%
50%
40%
30%
20%
10%
0%
Q1-Q4
Q1
Q2
Q3
Q4
Q1
Q2
Q3
Q4
2008/09
2009/10
2010/11
Target
GOSH
Barts
Cambridge
C & W
Oxford
Others

Attachment: M

Great Ormond Street NHS Hospital for Children NHS Trust

Trust Board 29 June 2011	
Finance and Activity Report **Two months to 31 May 2011** **Submitted on behalf of** Claire Newton, CFO	**Paper No: Attachment M**
AIM To summarise the Trust's financial performance for the **TWO** months to **31 May 2011.**	

SUMMARY

Results year to date to end of period 2

- Net surplus **£1.3M**, which shows a £0.4M positive variance to the rephased plan'* and £2M ahead of the original plan. *(* explanation in paper*)

- Normalised EBITDA margin is **6.6%** v 3.5% for the same period last year

Forecast

The Forecast out-turn remains in line with 'plan' and this is a net surplus of **£7.1m** pre-impairment charges for Phase 2A; EBITDA margin **7%**.

Ratios (FT)

- Overall FT score of **3** for year to date which is at target
  - Liquidity days score 2
  - All other ratios score 3 or above

BPCC performance (Non NHS – cumulative)

- Non- NHS invoices **83.9%** - value (87.2% at March 2011); **87.3%** - invoice numbers (88.2% at March 2011)

Agency ratio to total pay

- **4.8%** year to date (7.6% in same period last year) BUT Management and admin remains high at **16.3%** (2010/11 19.5%)

Staff overpayments

- 2 overpayments totalling £7.4K

Expenditure

Pay is **£2.1M higher than budget**. This reflects;

- Higher than budgeted net costs of junior doctors, including agency, mainly in the Medicine, ICI and Haringey service.
- Higher than budgeted net costs of nursing staff, including agency, across a number of units. The main reported cause is increased activity requiring increased levels of staffing as well as cover for maternity and sickness.

Non Pay expenditure is **£3.3M lower** than budget. This reflects;

- Budget phasing – non-pay expenditure phased evenly in budget but likely to be weighted towards second half of financial year

- A notable exception is the adverse variance on Premises costs which are higher than budget reflecting increased levels of maintenance related costs.

Attachment M

Income
Income is **£0.8M higher** than budget, primarily inpatient activity;

CRES 2011/12

- Target of 15.8M set for units. This is higher than the 4% factored into the plan, but after adjusting for risk allows the plan value to be achieved. Schemes currently exceed this value by £0.3M
- 4M of CRES is categorised as GREEN or BLUE

Capital

- CRL is forecast to be met
- The capital programme is £55.9M for the year and £0.8M behind plan at period 2 of which 0.5M is Trust capital and £0.3M donated capital.

Statement of Financial Position (Balance sheet)

- Non Current Assets increased by £4.4M to £337M, this was the net result of new capital spend reduced by depreciation costs.

- Cash balances closed below plan at £18.5M. There are a number of factors affecting cash levels, primarily receivables collection – where some old balances have been pursued but not yet received. Part of the increase in receivables is attributable to quarterly billing.

Salary overpayments

- There were 2 salary overpayments totalling £7.4K

Contribution to the delivery of NHS / Trust strategies and plans
Financial sustainability and health

Financial implications As explained in the paper

Legal issues N/A

Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, children and families) and what consultation is planned/has taken place?
N/A

Who needs to be told about any decision N/A

Author and date Andrew Needham - Deputy Finance Director 13 June 2011

Attachment M

PERIOD 2 - 2011/12 FINANCE REPORT

(1) PERIOD 2 year to date

The Trust's financial position is a £1.3M surplus for the first 2 months of the financial year. This is £0.4M ahead of the 'rephased plan'* and £2M ahead of 'provider plan'.

The phasing of the plan has been adjusted to correct phasing of expenditure which was phased evenly in the 'original plan' submitted to NHS' but in fact will arise later in the financial year.)

(2) FORECAST

The Forecast remains in line with the plan, a net surplus of £7.1M pre impairment expenditure.

(3) SUMMARY POSITION

The Trust has over achieved its income target for the period mainly as a result of high PBR clinical activity and associated income. IPP income is also above plan but IPP pay expenditure is also above plan resulting in a small adverse contribution variance.

Overall expenditure is below plan but pay is 6% above plan. CRES budget adjustments will not be allocated until the half year, where CRES initiatives are based on increased activity, but if activity continues at the current levels, the pay variance would be lower. However the current levels need further review, to include agency cost levels (See Section 5 below).

Non-pay is generally below budget but there overspends in IT and Estates which are under scrutiny to determine whether they are due to differences on plan phasing.

(4) HIGH LEVEL REVIEW

- £1.3M surplus, £2m ahead of plan

Excluding international

+£1.5M	Expenditure lower than budget
+£0.6M	Income higher than budget
+£2.1M	**Favourable to plan**

International

-£0.3M	Expenditure higher than budget
+£0.2M	Income higher than budget
-£0.1M	**Adverse to plan**

Trust

+£1.2M	Expenditure lower than budget
+£0.8M	Income higher than budget
+£2.0M	**Favourable to plan**

(5) EXPENDITURE

Pay

Pay expenditure totals £32.6M, which is £2.1M higher than plan.

- Consultant pay is under spent in month two as a result of credit notes received from ICH.

- Junior doctor pay is overspent by £0.3M YTD. Cost pressures have occurred in ICI and Medicine from an increased number of flexible trainees, these additional costs are offset by increased income. There is also continued reliance on agency staff within the Haringey, ICI and Surgery units to cover junior doctor rotas.
- Nursing pay is overspent by £0.4M YTD. This is consistent with expenditure in prior months. Cardiac is overspent by £0.1M as a result of increasing staffing levels to open additional beds. Medicine and Surgery are both overspent by £0.1M within renal and theatres as a result of using temporary staff to cover high levels of maternity leave. The scientific and therapeutic staff budgets are under-spent by £0.1M, mainly as a result of vacancies within the Research & Innovation unit.
- Management and administrative budgets are spending in line with budget.

Agency costs	
Junior doctors	£0.17M
Nursing	£0.35M
Sci, Ther, Tech	£0.28M
Non-clinical	£0.76M 12.5%
Total	£1.56M (4.8% of the total pay bill to May 2011)

Non pay

- Non-pay expenditure is £19.4M, which is £3.3M lower than plan (excludes depreciation, dividends, tax and interest)
- The blood budgets are overspent by £0.2M. This is predominantly on Factor 8 and is offset by income over-performance.
- Services from NHS organisations and healthcare from non-NHS bodies budgets are under-spent by £0.2M overall. This is due to delays in expenditure on grants within Research & Innovation and also to delays in additional diagnostic expenditure from the Neuromuscular business case.
- The consultancy services budgets are overspent by £0.2M. Expenditure has occurred in advance of the budget phasing.
- The premises budgets are overspent by £0.3M YTD, with a £0.5M adverse movement in month. This includes higher than planned levels of costs for maintenance contracts and IT costs.
- Education & research budgets are under spent by £0.2M as a result of timing issues on training expenditure within NWD and on Research & Innovation grant expenditure.
- Other expenditure budgets are under spent by £0.2M.

Non-pay budgets also contain £1.0M undelivered CRES targets. These are offset by £4.3M reserves which have not yet been allocated to units.

(6) INCOME

6.1 Income in the period totalled £56.6M and is £0.8M ahead of plan. The analysis is shown in the table below.

Category	Annual Budget	YTD Budget	YTD Actual	YTD Variance
	£M	£M	£M	£M
NHS Revenue Activity	256.1	42.2	43.6	1.4
Activity Revenue Non Nhs	31.4	5.1	5.1	0
Other Operating Revenue	51,5	8.5	7.9	-0.6
Grand Total	**339.1**	**55.8**	**56.6**	**0.8**

6.2 NHS REVENUE

The PCT PbR Tariff Income is £1.5M ahead of Plan
Inpatient activity was £1.3M higher than plan, with high levels of complex cardiac surgery, ICI was ahead of plan by £0.2M, Neurosciences was higher than plan in Neurology and Neurosurgery and Cochlear and ENT were also ahead of plan. However, ENT bilateral activity was lower than plan and this is reported in the Non PBR income category.

Outpatient activity was £60k lower than plan to period 2 and this was mainly in Cardiac.

PCT Non-Tariff Income is 0.3M behind Plan
Bilateral cochlear activity is lower than plan and spinal work is also lower at this point.
Outpatient income is £0.2M ahead of plan
The packages of care income budget is £1M behind plan, partly offsets the over-performance in non- PBR outpatients.
Consortium activity is £0.2M ahead of plan, as a result of the high level of BMT consortium activity.
PCT and Consortium Pass-through drugs income was £0.4M ahead of plan and a corresponding increase in expenditure is reflected in the non pay budget position.

NCG ("SHA") income is circa £0.1M behind plan
The main income streams at variance to plan are;
- Lower Neuro-blastoma antibody income and this is also reflected in the non-pay budget through lower expenditure levels
- NCG activity is lower than budget by £0.3M, this relates to ECMO and SCID activity.
- NCG pass-through drugs are £0.3M ahead of plan reflecting LSD and SCID drug usage levels.

Income from other NHS Trusts is on plan
This category includes Cytogenetic, Kings small bowel transplant and Retinoblastoma activity.

Income from DH is on Plan
New born screening income has been matched against expenditure.

Other NHS clinical income is £0.1M behind plan
This reflects the Haringey service until 23rd May when it was transferred

6.3 NON NHS REVENUE (Non-England and IPP)

- Non England activity is behind plan by £0.2M
- Private patient income is ahead of plan by £0.2M

6.4 OTHER OPERATING REVENUE

Overall this income category is £0.6M behind plan

The main income streams at variance to plan are;
- R&D – this is a timing difference although it is a concern that we have not yet received confirmation of the annual amount of NIHR funding receivable for CLRN.
- Charitable income is £0.3M behind plan and this reflects slippage on planned spend at this point
- Lower than planned catering and shop income
- Lower than planned income from hospices – the hospices are currently reducing their funding commitments to the Palliative Care team due to underutilisation last year.

(7) CIP/CRES

	2011/12	2012/13
BLUE	£0.3M	£0M
GREEN	£3.7M	£0.3M
AMBER	£11.6M	£2.5M
RED	£0.5M	£13.0M

Total target	**£16.1M**	**£15.8M**

2011/12

The Trust's target represents 7% of expenditure budget excluding pass through items. The target has also been further increased to fund an investment in the Interventional Radiology.

The Trust has identified £0.3M more than the current target. The schemes are classified using the BRAG system and have been risk assessed to ensure they achieve the 4% value included in the plan. Of the total £16.1M all but £0.5M is recurrent CIP

The Trust has issued a target to units to move all schemes to Amber or better with immediate effect. Progress on the CRES trajectory and milestones are reviewed and actions agreed at the CRES steering board.

2012/13

The Trust has set targets at the same level as 2011/12 for 2012/13 for units and will risk adjust to ensure that the entirety of the value included in 2012/13 financial plans is achieved.

At present there is £15.8M identified with the majority of this classified as RED CRES – this means that it is at the 'idea' stage and will be worked up into feasible schemes over the coming months.

2013/14

The Trust is also formulating CRES proposals for the outer years of its near term planning and has identified £0.2M of schemes.

(8) CAPITAL PROGRAMME AND CRL

Capital

- Capital total spend is forecast to be £55.9M with a CRL of £13.8M the balance of £42.1M represented by donated funded projects.

CRL

The Trust is expecting to meet its CRL target of £13.8M.

Overview

The Trust's capital plan is £55.9M with planned expenditure for the 2 months amounting to £10.4M. The total spend to date amounts to £9.6M representing an under spend to date of £0.8M, when the under-spend on donated funded projects is factored in this results in an under-spend against CRL of £0.5M

	Annual Plan £M	Plan YTD £M	Actual YTD £M	Variance £M
Hospital Redevelopment	36.3	8.4	8.2	0.2
Estates Maintenance Projects	9.0	0.9	0.8	0.1
IT Related Projects	7.0	0.7	0.2	0.5
Medical Equipment Purchases	3.6	0.4	0.4	0.0
Total Additions in Year	**55.9**	**10.4**	**9.6**	**0.8**
Asset Disposals	0.00	0.00	0)	0.0
Donated Funded Projects	(42.1)	(9.0)	(8.7)	(0.3)
Charge Against CRL	**13.8**	**1.4**	**0.9**	**0.5**

Redevelopment

The new clinical building is expected to complete in December 2011 and within the remaining budget of £36.3M. There will be further capital spend on equipping in 2012/13.

Estates, IT and Medical equipment
At this stage it is anticipated that the combined planned spend of £19.6M will be incurred. Currently, not all schemes are authorised and there is some slippage totalling £0.6M.

Impairments and disposals
There are currently no notified disposals, however there is a forecast impairment in the plan associated with the Morgan Stanley Clinical Building and the value will be agreed later in the year with the District Valuer.

(9) STATEMENT OF FINANCIAL POSITION (SOFP)

The SOFP increased by £5.5M this month reflecting increases to non-current assets, lower current assets and reduced liabilities.

Non Current Assets
Non Current Assets at the end of May 2011 totalled £337M, a net increase of £4.4M and this increase was a combination of capital additions net of depreciation reductions. There were no new disposals or impairments.

Current Assets (excluding Cash & Cash Equivalents) increased by £2.2M largely as a result of 2 months of advance NHS billing in respect of quarterly billed services including NCG.

Capital Receivables (£0.9M increase)	This represents invoices raised to the charity for the hospital redevelopment.
NHS Trade Receivables (£2.6M increase)	This is mainly as an effect of quarterly billed invoices in respect of NCG, Education & Training and R & D.
Prepayments & Accrued Income (£0.4M increase)	The increase is reflected largely by prepayment of an annual Neuroblastoma invoice.
HMRC VAT (£1.6M decrease)	The April VAT debtor was unusually high as it included year end capital expenditure VAT reclaims.

Current Liabilities

- Current liabilities total have decreased by £8.3M, due to a routine number of movements in deferred revenue and the decreased level of Non NHS Trade Payables.

Non-NHS Trade Payables (£6.3M decrease)	The decrease is due to a high value capital invoice being paid to BAM and high volume of drugs invoice payments during the month.
Deferred revenue (£3.6M decrease)	Representing the deferral of revenue for quarterly billing related to future months.
Other Payables (£0.5M increase)	This represents an additional month of Public Dividend Capital accrual.
Other Liabilities (£0.4 increase)	This increase is reflected by an accrual of ICH salaries for two months.

- **Taxpayers' Equity** Taxpayers' equity totalled £344.3M, the increase of £5.6M reflects in month I&E surplus and increase in Donated Asset Reserve.

The principal movements were;

- Retained Earnings increased by £1.3M reflecting the surplus I and E position in month

- The Donated Asset Reserve increased by £4.3M representing mainly donated Hospital development spend net of transfers to I and E.

(10) WORKING CAPITAL MANAGEMENT

10.1 Cash

The Trust had cash holdings of £18.5M at the close May 11, and had operating cash balances of between £22.8M and £43.4M throughout the month. Cumulative commercial bank account balances at £0.01M was in line with the DH target maximum holding of £0.05M.

The closing cash balance was £3M lower than the forecast of £21.5M. This is due to a number of factors that have affected cash in the month. These include;

- Non Payment of the Haringey SLA for 2 months 1.8M
- £0.65 credit balances on NHS accounts that exceed due invoices which has led to non payment of cash

10.2 Payables

The payables value decreased by £6.5M due to the payment of a number of high value suppliers including BAM £4.2M, BUPA £0.12M, Carerology £0.43M, NHS supply chain £0.116M, Orphan £0.12M and Southern Electric £0.14M.m

10.3 Receivables

Gross trading debt is now £19.3m, a small decrease of £2.9m in month. This reduction is lower than expected due to the non payment of the Haringey SLA.

The overall debt profile is as follows: all debts over 360 days are provided for :

	31/05/2011		**31/03/2011**		**31/05/2010**	
Not yet due	3,677	19%	**9571**	62%	**9209**	44%
0-90 days	11,896	62%	2853	18%	8017	38%
91-360 days	2,439	13%	2323	15%	2149	10%
> 360 days	1,046	5%	734	5%	1694	8%
	19,058	100%	15,481	100%	21,069	100%
NHS	8,795		4,543		11,946	
Non-NHS	2,634		2,830		1,647	
International	7,375		7,053		6,213	
GOSH CC	254		1,055		1,263	
	19,058		15,481		21,069	

The largest NHS debtors over 180 days are:

UCLH	£241k
Haringey	£256k
Hillingdon	£182k

The UCLH invoices relate to a number of disputed recharges, the Hillingdon PCT performance invoices remain unpaid despite all queries and issues being resolved, and the Haringey debt is a number of items which remain unresolved despite promises to pay

Non- NHS debt over 90 days has decreased to 574k. This is due to the settlement of debt from the Welsh and NI Health Boards. The debt includes £107k due from Kuwait which will be settled in July 11 and £134k salary overpayments.

10.4 Debtor and Creditor Days

Overall NHS debtor days is currently **11 days** which reflects the high level of credit notes issued at the year end and payments on account along with the settlement of monthly high value SLA invoices within 15 days.

IPP Debtor days is at **106 days** and reflects the ageing on self pay and the high value of the aged Kuwait debt.

Non NHS Debt is at **27 days**.

There had been a deterioration of Creditor days to 56 at the year end but this has subsequently returned to the values seen in Feb 11 (**36 days**)

11 FINANCIAL RISK RATIOS

The current and forecast scores are at 3. These are the required level of scores expected by MONITOR

Month 2

EBITDA Margin	3
EBITDA Achieved	5
ROA	3
Liquidity days	2
Weighted average	3

The scores are weighted and override restrictions come into play where there is any score of 1 and/or 2 scores of 2.

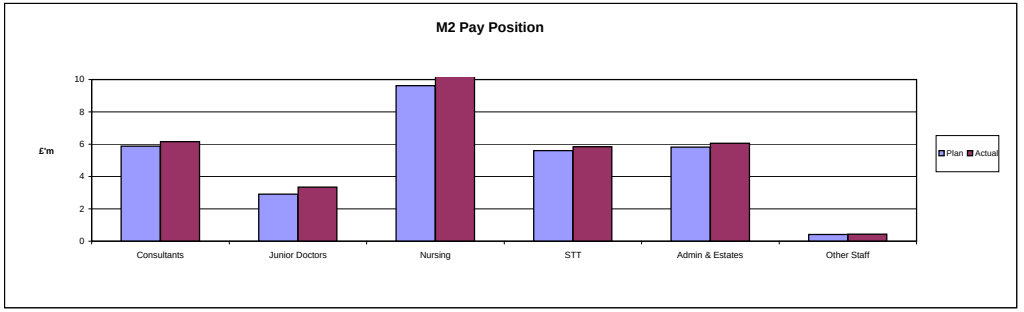
(11) SALARY OVERPAYMENTS

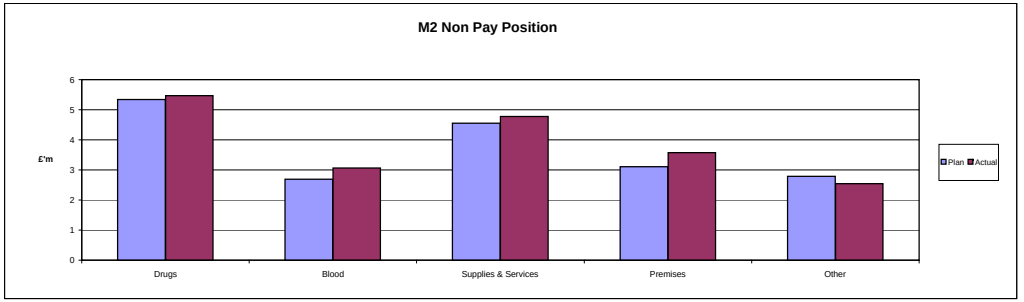
There were 2 salary overpayments in May 2011totalling £7.4m.

Great Ormond Street Hospital for Children NHS Trust Finance and Activity Performance Report Period 2 2011/12 Contents

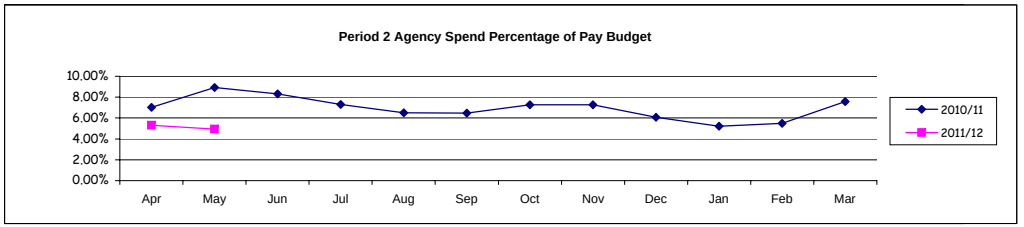
Great Ormond Street Hospital for Children NHS Trust
Finance and Activity Performance Report Period 2 2011/12
Trust Summary

Statement of Comprehensive Income	Current Month		YTD	
	Actual	Plan Variance	Actual	Plan Variance
	£000	£000	£000	£000
Revenue				
Revenue from patient care activities	25,731	1,442	48,741	1,412
Other operating revenue	4,121	(17)	7,909	(575)
Operating expenses	(28,055)	339	(54,292)	1,216
Operating surplus	**1,797**	**1,764**	**2,358**	**2,053**
Investment revenue	6	3	15	9
Other gains and (losses)	0	0	0	0
Finance costs	27	29	(7)	(3)
Surplus for the financial year	**1,830**	**1,796**	**2,366**	**2,059**
Public dividend capital dividends payable	(504)	(24)	(1,008)	(46)
Retained surplus for the year	**1,326**	**1,772**	**1,358**	**2,013**
Other comprehensive income				
Impairments put to the reserves	0	0	0	0
Gains on Revaluation	0	0	0	0
Receipt of donated and government grant assets	4,750	(59)	8,652	(399)
Reclassification adjustments:				
- Transfers from donated and government grant reserves	(492)	47	(1,002)	(5)
Total comprehensive income for the year	**5,584**	**1,760**	**9,008**	**1,609**





* Unallocated CRES targets have been spread pro rata across the pay and non pay budgets.



Staffing Staff Numbers	Budgeted Posts	WTE Paid	Maternity Paid	Temp Paid	Overtime Paid	Total Paid	WTE above plan
Admin and Other Support	869	819	16	92	5	933	(64)
Clinical Support	745	716	30	33	5	784	(39)
Medical	476	476	17	42	0	535	(59)
Nursing	1,377	1,289	87	127	6	1,509	(132)
Total	**3,467**	**3,300**	**150**	**295**	**16**	**3,760**	**(293)**

Great Ormond Street Hospital for Children NHS Trust
Finance and Activity Performance Report Period 2 2011/12
Unit Summary and CRES Performance

	YTD						
	Income*			Expenditure			Overall Unit Position
	2010 £000	Actual £000	Variance £000	2010 £000	Actual £000	Variance £000	Variance £000
Clinical Units							
Cardiac	7,938	9,366	507	(4,846)	(5,292)	(419)	88
Surgery	9,539	10,248	(448)	(9,834)	(9,685)	(499)	(947)
DTS	203	213	(100)	(3,087)	(3,268)	(54)	(155)
ICI	8,153	10,029	875	(7,901)	(9,554)	(897)	(22)
International	3,107	5,083	237	(1,439)	(1,989)	(338)	(101)
Medicine	6,288	7,107	(69)	(6,372)	(6,203)	(278)	(347)
Neurosciences	4,162	4,646	376	(3,287)	(3,480)	(159)	217
Haringey	1,807	1,580	(3)	(1,816)	(1,547)	37	34
North Mid.	673	3	3	(672)	(13)	(13)	(10)
Total Clinical Units	**41,867**	**48,276**	**1,377**	**(39,253)**	**(41,030)**	**(2,621)**	**(1,244)**
Central Departments							
Operations & Facilities	352	217	(57)	(2,888)	(2,719)	(66)	(122)
Corporate Affairs	12	9	(8)	(215)	(252)	35	27
Estates	96	87	(82)	(1,912)	(2,299)	(400)	(482)
Finance & ICT	26	32	0	(1,644)	(1,957)	(219)	(218)
Human Resources	81	101	(20)	(464)	(418)	41	21
Medical Director	16	8	(31)	(598)	(709)	(27)	(58)
Nursing And Workforce Development	340	395	101	(823)	(963)	(38)	63
Research And Innovation	2,036	2,122	(307)	(993)	(734)	281	(26)
Redevelopment Revenue Costs	75	238	(60)	(75)	(54)	60	0
Total Central Departments	**3,035**	**3,210**	**(462)**	**(9,611)**	**(10,106)**	**(334)**	**(797)**
Corporate Budgets	**7,075**	**5,165**	(78)	**(3,253)**	**(4,157)**	**4,131**	**4,054**
Net Position	**51,977**	**56,650**	**837**	**(52,118)**	**(55,292)**	**1,176**	**2,013**

CRES 2011/12		**Analysis of CRES Scheme Deliverability**					
	TARGET	**Released from Budgets**	**Deliverable Schemes**	**Feasible Schemes**	**Potential Schemes**	**Unidentified Schemes**	**Total Risk**
CRES 2011/12 Target	**15,773**	**283**	**3,673**	**11,561**	**497**	**-241**	**15,490**
Status		**Delivered**	**RISK**	**RISK**	**RISK**	**RISK**	
Recurrent 2011/12		**283**	**3,523**	**11,264**	**492**		
Non recurrent 2011/12		**0**	**150**	**297**	**5**		
Expenditure		**283**	**2,556**	**3,726**	**206**		
Income		**0**	**1,117**	**7,835**	**291**		
CRES 2012/13		**0**	**270**	**2,528**	**12,989**		**15,787**
CRES 2013/14		**0**	**0**	**0**	**193**		**193**

Analysis	**Month 2**			*****	**Month 2 New CRES**	**Schemes in progress**	
CLINICAL	**Target**	**BLUE**	**Variance**	**Posts released**	**New BLUE**	**On target (Green)**	**Feasible (Amber)**
Cardiac	2,073	**0**	-2,073	0.00	**0**	211	1,897
ICI	2,164	**0**	-2,164	0.00	**0**	872	1,229
IPP	664	**0**	-664	0.00	**0**	213	1,180
MDTS	2,622	**0**	-2,622	0.00	**0**	1,372	1,591
Neurosciences	1,418	**0**	-1,418	0.00	**0**	219	1,112
Surgery	3,357	**31**	-3,326	1.00	**31**	220	2,627
Total	**12,298**	**31**	**-12,267**	**1.00**	**31**	**3,107**	**9,636**
CORPORATE							
Clinical Ops	154	**48**	-106	0.00	**48**	123	0
Corporate Facilities	1,026	**0**	-1,026	0.00	**0**	205	614
Corporate Affairs	121	**116**	-5	0.00	**116**	0	0
Estates	783	**6**	-777	0.00	**6**	50	436
Finance	732	**0**	-732	0.00	**0**	158	476
Medical Director	151	**0**	-151	0.00	**0**	0	103
Nursing and Education	283	**82**	-201	0.58	**82**	30	177
HR	192	**0**	-192	0.00	**0**	0	120
Reseach and Development	34	**0**	-34	0.00	**0**	0	0
Total	**3,476**	**252**	**-3,224**	**0.58**	**252**	**566**	**1,926**
Grand Total	**15,773**	**283**	**-15,490**	**1.58**	**283**	**3,673**	**11,561**

Great Ormond Street Hospital for Children NHS Trust
Finance and Activity Performance Report Period 2 2011/12
Revenue Statement

	11/12 Annual Budget £000	11/12 Mth 02 Actual £'000	11/12 Mth 02 Variance to Plan £'000	11/12 YTD Actual £'000	11/12 YTD Variance to Plan £'000	11/12 YTD Actual Variance to 10/11 YTD Actual £'000
Primary Care Trusts Tariff	64,349	**6,754**	1,513	**11,535**	1,513	**1,898**
Primary Care Trusts Non Tariff	120,130	**9,672**	-209	**18,802**	-339	**324**
Primary Care Trusts Mff	18,754	**1,973**	446	**3,367**	446	**377**
Strategic Health Authorities	45,155	**3,615**	-70	**7,483**	-43	**387**
Nhs Trusts	874	**61**	-11	**138**	-7	**-621**
Department Of Health	850	**51**	-20	**117**	-25	**3**
Nhs Other	5,993	**1,059**	-86	**2,119**	-168	**519**
Activity Revenue Nhs	**256,105**	**23,186**	**1,562**	**43,561**	**1,376**	**2,886**
Local Authorities	168	**82**	-2	**164**	-4	**-4**
Private Patients	27,669	**2,367**	77	**4,659**	235	**1,562**
Non Nhs Other	3,602	**95**	-195	**357**	-195	**92**
Activity Revenue Non Nhs	**31,439**	**2,544**	**-120**	**5,180**	**36**	**1,650**
Patient Transport Services	1,216	**108**	7	**193**	-10	**63**
Education And Training	13,386	**1,184**	37	**2,364**	75	**352**
Research And Development	13,148	**993**	15	**1,957**	-234	**-16**
Charitable & Other Contrib	5,125	**298**	-98	**539**	-257	**-297**
Depreciation Income Transfer	6,773	**492**	47	**1,002**	-5	**-166**
Non Patient Care Services	3,631	**321**	18	**581**	-24	**133**
Revenue Generation	1,802	**129**	-21	**258**	-43	**81**
Other Revenue	6,457	**596**	-22	**1,016**	-77	**-14**
Other Operating Revenue	**51,538**	**4,121**	**-17**	**7,909**	**-575**	**137**
Directors & Senior Managers	-8,630	**-713**	37	**-1,413**	86	**-139**
Consultants	-37,007	**-3,027**	78	**-6,162**	27	**-158**
Junior Doctors	-18,428	**-1,645**	-112	**-3,170**	-98	**-190**
Junior Doctors Agy	11	**-75**	-76	**-168**	-170	**473**
Administration & Estates	-26,019	**-1,938**	315	**-3,889**	604	**-256**
Administration & Estates Agy	-747	**-353**	-291	**-758**	-633	**123**
Healthcare Assist & Supp	-2,310	**-178**	12	**-373**	12	**-7**
Healthcare Assist & Supp Agy	0	**-13**	-13	**-2**	-2	**78**
Nursing Staff	-57,379	**-5,050**	13	**-10,154**	-21	**-229**
Nursing Staff Agy	0	**-145**	-145	**-354**	-354	**76**
Scientific Therap Tech	-32,697	**-2,787**	216	**-5,556**	340	**-266**
Scientific Therap Tech Agy	-41	**-167**	-163	**-283**	-276	**115**
Other Staff	-295	**-22**	2	**-61**	-12	**-21**
Pay Reserves	-925	**-167**	-120	**-209**	-55	**-244**
Cips And Cres Unidentified - P	9,136	**0**	-784	**0**	-1,574	**0**
Pay Costs	**-175,332**	**-16,281**	**-1,030**	**-32,550**	**-2,127**	**-644**
Drugs Costs	-36,769	**-2,785**	15	**-5,471**	143	**-468**
Blood Costs	-18,467	**-1,595**	-106	**-3,062**	-232	**-561**
Supplies & Services - Clinical	-22,398	**-1,916**	-67	**-3,715**	-126	**-301**
Services From Nhs Organisation	-4,198	**-350**	-11	**-512**	135	**153**
Healthcare From Non-Nhs Bodies	-1,950	**-123**	37	**-256**	61	**-57**
Supplies & Services - General	-1,482	**-158**	-35	**-291**	-48	**56**
Consultancy Services	-2,084	**-457**	-283	**-547**	-199	**-445**
Clinical Negligence Costs	-1,950	**-162**	0	**-325**	0	**-37**
Establishment Costs	-2,702	**-197**	33	**-388**	76	**16**
Transport Costs	-2,880	**-222**	23	**-399**	93	**51**
Premises Costs	-19,251	**-2,141**	-509	**-3,571**	-308	**-508**
Auditors Costs	-420	**-34**	1	**-65**	5	**-3**
Education And Research Costs	-2,157	**-101**	82	**-138**	228	**89**
Expenditure - Other	-5,154	**-493**	-66	**-685**	179	**-307**
Non Pay Reserves	-17,920	**0**	2,772	**0**	4,270	**0**
Cips And Cres Unidentified - N	6,066	**0**	-483	**0**	-960	**0**
Non Pay Costs	**-133,718**	**-10,734**	**1,404**	**-19,424**	**3,315**	**-2,323**
P & L On Disp Of Fixed Assets	0	**0**	0	**0**	0	**0**
Fixed Asset Impair & Reversals	-5,571	**0**	0	**0**	0	**0**
Depreciation & Amortisation	-17,164	**-1,032**	-47	**-2,303**	5	**-165**
Interest Receivable	36	**6**	3	**15**	9	**7**
Other Revenue / Expenditure	-24	**27**	29	**-7**	-3	**-1**
Pdc Dividend Payable	-5,765	**-504**	-24	**-1,008**	-47	**-32**
Corporation Tax	-234	**-8**	12	**-16**	23	**-16**
Other Revenue / Expenditure	**-28,723**	**-1,511**	**-27**	**-3,318**	**-12**	**-207**
Retained Surplus / (Deficit)	**1,309**	**1,326**	**1,772**	**1,358**	**2,013**	**1,499**

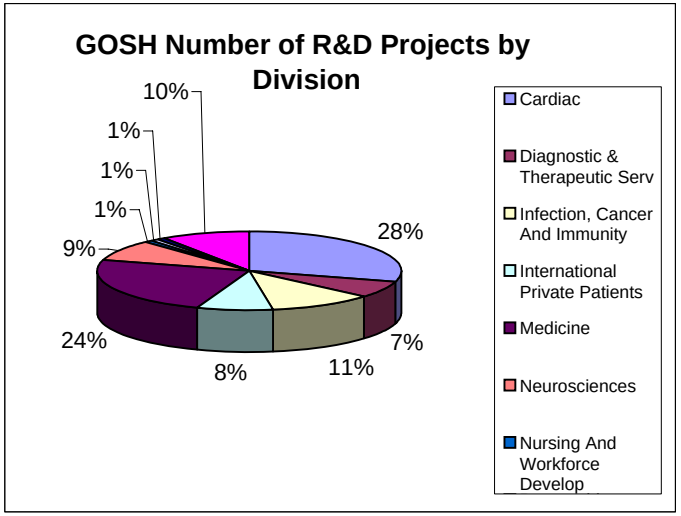
Great Ormond Street Hospital for Children NHS Trust

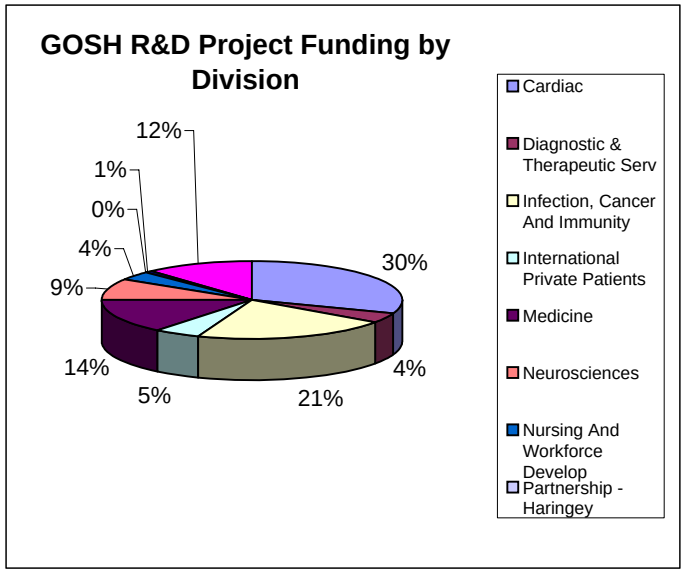
Finance and Activity Performance Report Period 2,2011/12

Research and Development Activity

	Full Year Forecast	Full Year Budget	YTD Actuals	YTD Variance
Biomedical Research Centre including Clinical Research Facility				
- Income	(7,834)	(7,813)	(1,135)	(167)
- Income deferred from 10-11	(21)	(21)	(3)	0
- Commercial Trials Income	(250)	0	0	0
- Expenditure	2,812	2,764	308	153
	(5,293)	(5,070)	(831)	(14)
CLRN (PCRN) Income				
- Income CLR Activity Based (Non DH R&D)	(1,186)	(1,186)	(198)	(0)
- Income PCRN (R M&G, KSS, SS)	(183)	0	(24)	24
- Income PCRN (R M&G, KSS, SS) 09-10 C/FWD	0	0	0	0
- Income Non R&D (cc **CLR**)	0	(112)	0	(19)
- Expenditure CLR	100	123	29	(9)
	(1,269)	(1,175)	(192)	(4)
NIHR GRANTS				
- Income	(838)	(838)	(25)	(115)
- Expenditure	838	838	25	115
	0	0	0	0
R&D GOSH Charity Funded Projects				
- Income	(919)	(919)	(205)	(18)
- Expenditure	754	754	176	10
	(165)	(165)	(29)	(8)
R&D Development Office & Other Grants				
- Income non DH R&D	(625)	(770)	(4)	4
- Income R&D including Flexibility and Sustainability	(2,479)	(2,479)	(410)	(4)
- Expenditure	1,158	1,367	83	16
	(1,946)	(1,883)	(331)	17
TOTAL RESEARCH & DEVELOPMENT DIRECTORATE				
- R&D Income	(12,520)	(12,316)	(1,791)	(262)
- R&D Income Deferred from 10-11	(21)	(21)	(3)	0
- R&D Charitable Contribution	(919)	(919)	(205)	(18)
- Non Research Income	(875)	(883)	(4)	(14)
- Expenditure	5,662	5,846	621	285
	(8,673)	(8,293)	(1,383)	(9)
- Expenditure in Clinical Areas	8,673	8,673	1,445	(0)
Total R&D Division	(0)	380	63	(9)

The pie charts below show the % split of number and funding of research projects undertaken by GOSH staff per division. There may be further GOSH projects that are running with ICH staff as the lead.



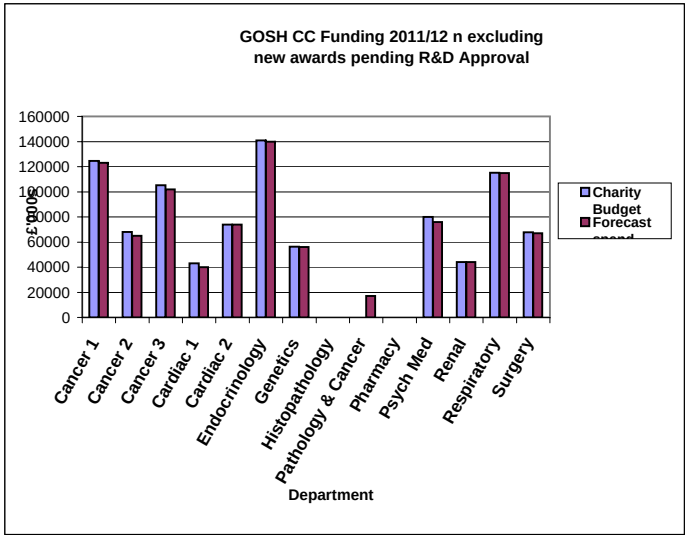


Devolved Income

- DTS : From CLRN Service Support	(76)	(189)	(14)	(18)
- Medicine : Grants	(94)	0	(6)	6
- ICI : From CLRN Support / NIHR Felowships	(156)	(66)	(30)	19
- Surgery : From Charitable Donation	(3)	0	(1)	1
Total Centrally Held and Devolved Income	(329)	(255)	(50)	8
TOTAL R&D INCOME				
-R&D Income Excluding Hosted network	(12,870)	(12,592)	(1,844)	(254)
-Income Generation GOS / Direct Credits	0	216	0	36
Total Income	(12,870)	(12,377)	(1,844)	(218)
Local Research Network MCRN *				
- Income DH to fund Network	(629)	(629)	(112)	(16)
- Income : Network Flexibility and Sustainability	(142)	(142)	0	0
- Income R&D :CLRN Network	0	0	0	0
- Income Other Non R&D	(17)	(17)	(6)	3
- Expenditure LRN	788	645	112	(5)
	0	(143)	(6)	(18)

* GOSH is Hosting this service for Central and North East London

TOTAL R&D INCOME (as per Board Report)				
- R&D Income	(13,641)	(13,148)	(1,957)	(234)



Great Ormond Street Hospital for Children NHS Trust
Finance and Activity Performance Report Period 2 2011/12
Ratio Analysis

Provider Agency Rating	Target for FT Status	M2 11/12 Actual - FT	M12 10/11 Actual - FT	Forecast Outurn - FT	M2 FT Score
EBITDA Margin	5%	8.3%	8.5%	8.9%	3
EBITDA % Achieved	70%	176.4%	103.8%	100.0%	5
ROA	3%	0.7%	5.0%	3.8%	3
I&E Surplus margin	1%	2.4%	2.8%	2.0%	4
Liquidity Days	15.0	12	10	11	2
Weighted Average	3.0	3.0	3.4	3.2	3.0
Overall Rating	**3**	**2**	**3**	**3**	3
IPP Cap (Max 9.7%)	9.7%	9.6%	8.8%	9.6%	

Salary Overpayments		
Unit	**No.**	**Amount £'000**
Surgery	2	7.4
TOTAL	5	7.4

Great Ormond Street Hospital for Children NHS Trust
Finance and Activity Performance Report Period 2 2011/12
Statement of Financial Position

	Actual as at 1 April 2011 £000	Actual as at 30 April 2011 £000	Actual as at 31 May 2011 £000	Change in month £000
Non Current Assets :				
Property Plant & Equipment - Purchased	177,336	176,600	177,030	430
Property Plant & Equipment - Donated	141,428	144,925	149,190	4,265
Property Plant & Equipment - Gov Granted	363	358	353	(5)
Intangible Assets - Purchased	970	1,161	869	(292)
Intangible Assets - Donated	25	24	22	(2)
Trade & Other Receivables	9,505	9,479	9,439	(40)
Total Non Current Assets :	***329,626***	***332,547***	***336,903***	***4,356***
Current Assets :				
Inventories	5,156	5,290	5,521	231
NHS Trade Receivables	7,455	13,879	16,491	2,612
Non NHS Trade Receivables	10,360	12,237	11,765	(472)
Capital Receivables	6,571	6,810	7,746	936
Provision for Impairment of Receivables	(1,498)	(1,477)	(1,546)	(69)
Prepayments & Accrued Income	4,919	4,335	4,749	414
HMRC VAT	1,895	2,821	1,226	(1,595)
Other Receivables	807	728	860	132
Cash & Cash Equivalents	32,371	27,770	18,471	(9,299)
Total Current Assets :	***68,036***	***72,394***	***65,283***	***(7,111)***
Total Assets :	**397,663**	**404,941**	**402,186**	**(2,755)**
Current Liabilities :				
NHS Trade Payables	(7,722)	(5,360)	(5,556)	(196)
Non NHS Trade Payables	(2,519)	(7,500)	(1,214)	6,285
Capital Payables	(12,179)	(7,458)	(7,796)	(338)
Expenditure Accruals	(14,866)	(14,397)	(14,583)	(186)
Deferred Revenue	(6,281)	(11,959)	(8,391)	3,568
Tax & Social Security Costs	(4,022)	(4,171)	(4,122)	50
Other Payables	0	(504)	(1,008)	(504)
Payments on Account	(228)	(228)	(228)	(0)
Lease Incentives	(400)	(400)	(400)	0
Other Liabilities	(2,754)	(2,963)	(3,377)	(414)
Provisions for Liabilites & Charges	(2,866)	(2,776)	(2,732)	44
Total Current Liabilities :	***(53,836)***	***(57,717)***	***(49,409)***	***8,308***
Net Current Assets / (Liabilites) :	**14,200**	**14,677**	**15,874**	**1,197**
Total Assets Less Current Liabilities :	**343,827**	**347,224**	**352,777**	**5,553**
Non Current Liabilities :				
Lease Incentives	(7,327)	(7,295)	(7,261)	34
Provisions for Liabilites & Charges	(1,250)	(1,254)	(1,257)	(3)
Total Non Current Liabilities :	***(8,577)***	***(8,549)***	***(8,518)***	***31***
Total Assets Employed :	**335,250**	**338,676**	**344,259**	**5,583**
Financed by Taxpayers' Equity :				
Public Dividend Capital	124,732	124,732	124,732	0
Retained Earnings	16,868	16,915	18,256	1,341
Revaluation Reserve	48,623	48,608	48,594	(15)
Donated Asset Reserve	141,551	144,949	149,212	4,262
Government Grant Reserve	363	358	353	(5)
Other Reserves	3,114	3,114	3,114	0
Total Funds Employed :	**335,250**	**338,676**	**344,259**	**5,583**

Great Ormond Street Hospital for Children NHS Trust
Finance and Activity Performance Report Period 2 2011/12
Statement of Cash Flow

Statement of Cash Flows	Actual For Month Ending 31 May 2011 £000	Actual For YTD Ending 31 May 2011 £000
CASH FLOWS FROM OPERATING ACTIVITIES		
Operating Surplus	1,797	2,357
Depreciation and Amortisation	1,032	2,303
Transfer from the Donated Asset Reserve	(487)	(991)
Transfer from the Government Grant Reserve	(5)	(10)
Increase in Inventories	(231)	(365)
Increase in Trade and Other Receivables	(981)	(9,541)
Decrease in Trade and Other Payables	(9,520)	(1,543)
Increase in Other Current Liabilities	380	557
Decrease in Provisions	(17)	(133)
Net Cash Outflow from Operating Activities :	***(8,032)***	***(7,367)***
CASH FLOWS FROM INVESTING ACTIVITIES		
Interest received	6	15
(Payments) for Property, Plant and Equipment	(5,087)	(13,817)
(Payments) for Intangible Assets	0	(208)
Net Cash Outflow from Investing Activities :	**(5,081)**	**(14,010)**
NET CASH OUTFLOW BEFORE FINANCING :	**(13,113)**	**(21,377)**
CASH FLOWS FROM FINANCING ACTIVITIES		
Other Capital Receipts	3,814	7,477
Net Cash Inflow from Financing :	**3,814**	**7,477**
NET DECREASE IN CASH AND CASH EQUIVALENTS :	**(9,299)**	**(13,900)**

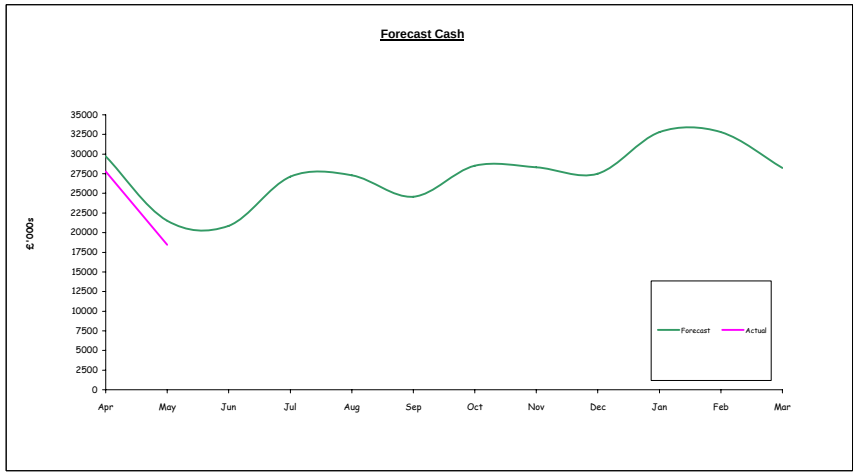
Cash and Cash Equivalents at the Beginning of the current period	**27,770**	**32,371**
Cash and Cash Equivalents at the End of the current period	**18,471**	**18,471**
Net Decrease in Cash and Cash Equivalents per SOFP :	**(9,299)**	**(13,900)**

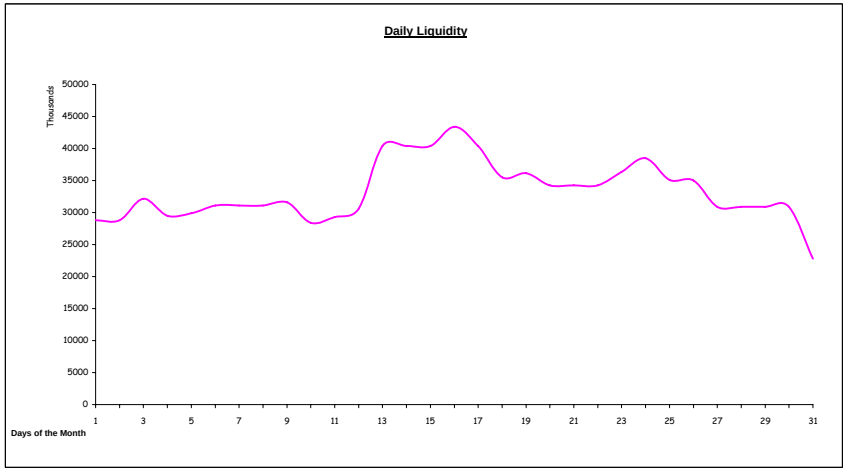
Great Ormond Street Hospital for Children NHS Trust
Finance and Activity Performance Report Period 2 2011/2012
Activity

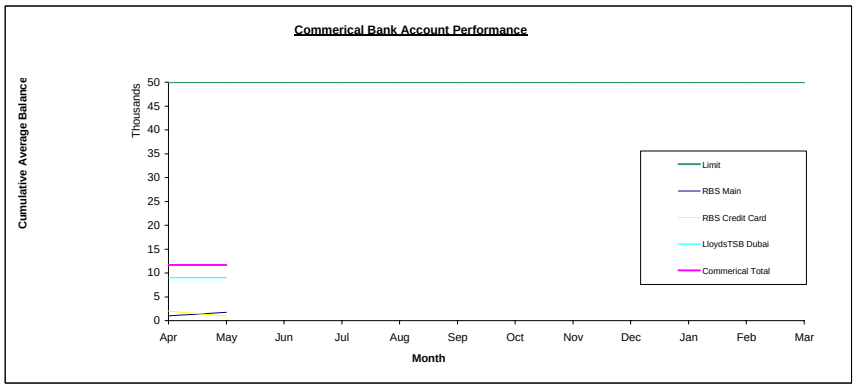
May activities are based on April

	April	May	YTD 11/12 Actual	YTD 11/12 Plan	YTD 11/12 Variance		YTD 10/11	Variance 11/12 to 10/11	
Elective PBR	1,425	1,580	3,005	2,764	241		2,684	321	
Elective Non PBR	121	132	253	352	-99		264	-11	
Same Day PBR			0	0	0		0	0	
Same Day Non PBR			0	0	0		0	0	
TOTAL ELECTIVE	1,546	1,712	3,258	3,116	142	4.6%	2,947	311	10.5%
Non Elective PBR	143	148	291	299	-8		351	-60	
Non Elective Non PBR	3	3	6	9	-3		6	1	
TOTAL NON ELECTIVE	146	151	297	308	-11	-3.5%	357	-60	-16.7%
Outpatients PBR	5,630	6,682	12,312	12,614	-302		10,544	1,768	
Outpatients Non PBR	4,326	4,807	9,133	9,019	114		9,507	-374	
TOTAL OUTPATIENTS	9,956	11,489	21,445	21,633	-188	-0.9%	20,052	1,393	6.9%
POC (Non Consortium)	813	813	1,626	1,757	-131	-7.4%	1,835	-209	-11.4%
BEDDAYS (includes PICU Consortium)									
Panda HDU (PBR HDU)	814	904	1,718	1,331	387		1,296	422	
Transitional Care	140	145	285	249	36		249	36	
Rheumatology Rehab	145	150	295	368	-73		360	-65	
CAMHS	214	221	435	490	-55		455	-20	
Cardiac ECMO	17	18	35	15	20		16	19	
Neurosurgery HDU (NC)	0	0	0	7	-7		7	-7	
Neurosurgery (PICU Consortium-ITU & HDU)	2	2	4	129	-125		127	-123	
Neurosurgery ITU (NC)	1	1	2	4	-2		4	-2	
Cardiac HDU (NC)	33	34	67	68	-1		66	2	
Cardiac ITU (NC)	61	63	124	192	-68		226	-102	
Cardiac (PICU Consortium-ITU)	281	290	571	417	154		399	173	
Paediatric ITU (NC)	48	50	98	138	-40		110	-12	
Paediatric ITU (PICU Consortium)	399	412	811	781	30		759	52	
TOTAL BEDDAYS	2,155	2,290	4,445	4,189	257	6.1%	4,073	373	9.1%
HaemOnc Consortium*									
PBR	50	55	105	98	7		82	23	
NON PBR	134	149	283	260	23		241	42	
Panda HDU (PBR HDU)	223	204	427	427	0		385	42	
TOTAL HAEMONC	407	408	815	785	30	3.8%	707	108	15.2%

Great Ormond Street Hospital for Children NHS Trust
Finance and Activity Performance Report Period 2 2011/12
Cash Management





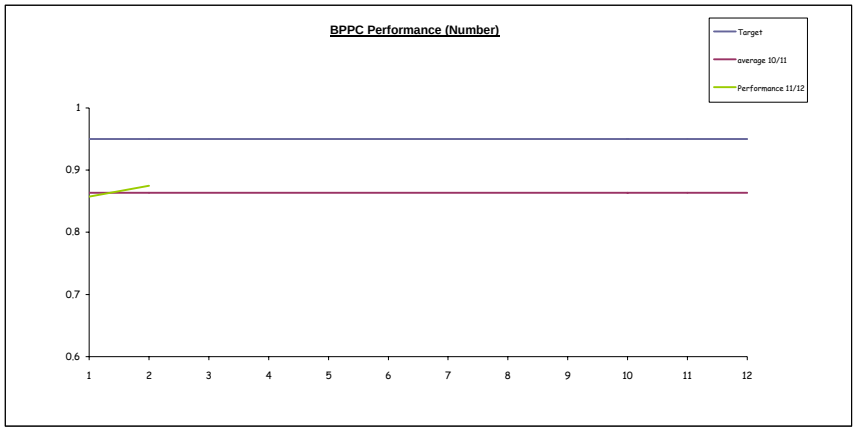


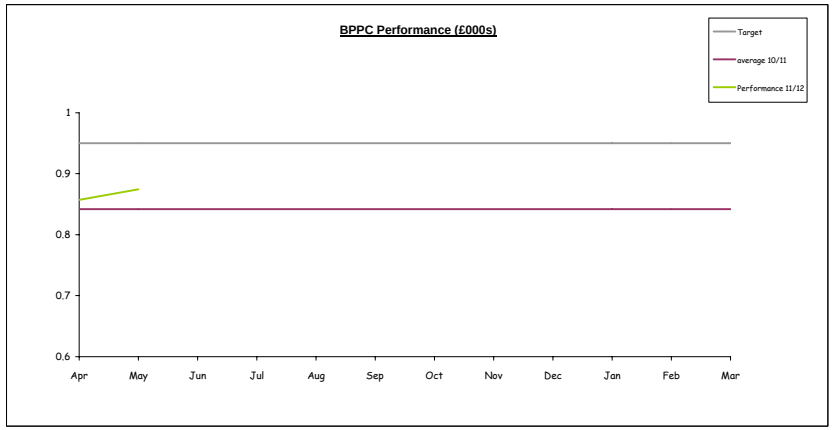
Payables Analysis

Days	Current Month	Previous Month	Movement in Month
	£000s	£000s	£000s
Not Yet Due	2,560	9,632	(7,072)
1-30	3,279	3,198	81
31-60	1,288	617	671
61-90	291	686	(395)
91-120	301	1,317	(1,016)
121-180	663	474	189
180-360	1,480	465	1,015
360+	1,487	1,516	(29)
	11,349	**17,905**	**(6,556)**

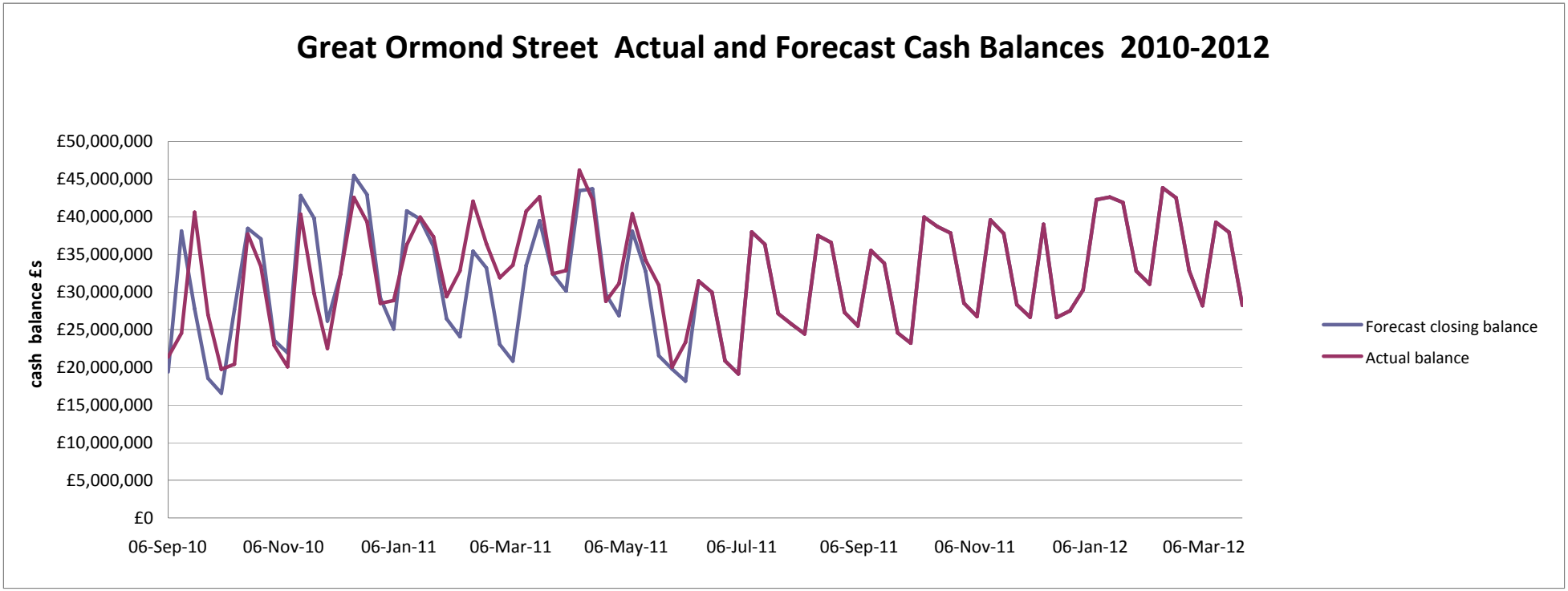
Better Payment Practice Code (BPPC)

	Number	£000s
Non-NHS Payables		
Invoices paid in the year	12397	39,630
Invoices paid within target	10878	33,252
% of Invoices paid within target	87.7%	83.9%
NHS Payables		
Invoices paid in the year	581	2,242
Invoices paid within target	253	1,206
% of Invoices paid within target	43.5%	53.8%





Great Ormond Street Hospital for Children NHS Trust
Finance and Activity Performance Report Period 2 2011/12
Cash Forecast



Great Ormond Street Hospital for Children NHS Trust
Finance and Activity Performance Report Period 2 2011/12
Receivables Management

Net Receivables in £'000's	Total	Cash on Account	Not Yet Due	0 - 30 Days	31 - 60 Days	61 - 90 Days	Overdue 91 - 120 Days	121 - 180 Days	181 - 360 Days	Over 360 Days
NHS	**8795**	-1499	3000	1841	4045	185	16	172	772	264
NHS Credit Note Provision	-1104	0	0	0	0	0	-28	-31	-420	-625
Specific NHS Debt Provisions	-373									
NHS Net Receivables	**7319**	**-1499**	**3000**	**1841**	**4045**	**185**	**-12**	**141**	**352**	**-361**
Non-NHS	**2634**	-16	549	114	1251	163	106	100	200	168
Bad Debt Provision-Non NHS	-722	0	-76	-15	-135	-19	-61	-27	-219	-170
Specific Non-NHS Debt Provisions	0	0	0	0	0	0	0	0	0	0
Non-NHS Net Receivables	**1912**	**-16**	**473**	**99**	**1116**	**144**	**45**	**72**	**-18**	**-2**
International	**7375**	-906	2405	2590	1094	507	422	216	432	614
Bad Debt Provision-International	-823	0	-3	-0	-1	-0	-84	-43	-85	-606
International Net Receivables	**6552**	**-906**	**2402**	**2590**	**1093**	**507**	**337**	**173**	**347**	**8**
GOSH Charity Receivables	**254**	-1	146	2	103	0	0	-0	4	0
Specific Activity Provisions	0	0	0	0	0	0	0	0	0	0
Net Trust Receivables	**16037**	**-2422**	**6021**	**4533**	**6356**	**836**	**370**	**387**	**684**	**-355**

Trust Receivables in £'000's	Total	Cash on Account	Not Yet Due	0 - 30 Days	31 - 60 Days	61 - 90 Days	Overdue 91 - 120 Days	121 - 180 Days	181 - 360 Days	Over 360 Days
NHS	8795	-1499	3000	1841	4045	185	16	172	772	264
Non-NHS	2634	-16	549	114	1251	163	106	100	200	168
International	7375	-906	2405	2590	1094	507	422	216	432	614
Gross Trading Receivables	**18805**	**-2421**	**5954**	**4546**	**6389**	**855**	**544**	**488**	**1404**	**1046**
GOSH Charity Receivables	254	-1	146	2	103	0	0	-0	4	0
Total Trust Receivables	**19058**	**-2422**	**6100**	**4548**	**6492**	**856**	**544**	**488**	**1408**	**1046**

Movement in £'000's	Total	Cash on Account	Not Yet Due	0 - 30 Days	31 - 60 Days	61 - 90 Days	Overdue 91 - 120 Days	121 - 180 Days	181 - 360 Days	Over 360 Days
Gross Trading Receivables (as above)	19058	-2422	6100	4548	6492	856	544	488	1408	1046
Gross Trading Receivables (last month)	21972	-2289	8111	11558	954	379	410	640	1471	738
Movement in Month	**-2914**	**-133**	**-2012**	**-7010**	**5538**	**477**	**134**	**-153**	**-63**	**308**
Gross Trading Receivables (year end 10/11)	15481	-1747	11317	1550	779	524	423	515	1385	734
Movement in Financial Year	**-3577**	**675**	**5218**	**-2998**	**-5713**	**-332**	**-121**	**28**	**-23**	**-312**

Systems Schedule

Receivables in £'000's	Gross Receivables	Cash on Account	Not Yet Due	0 - 30 Days	31 - 60 Days	61 - 90 Days	Overdue 91 - 120 Days	121 - 180 Days	181 - 360 Days	Over 360 Days
eFinancial	11683	-1516	3694	1957	5399	348	122	271	976	432
Compucare	7375	-906	2405	2590	1094	507	422	216	432	614
Trust Receivables	**19058**	**-2422**	**6100**	**4548**	**6492**	**856**	**544**	**488**	**1408**	**1046**

Great Ormond Street Hospital for Children NHS Trust
Finance and Activity Performance Report Period 2 2011/12
Capital Expenditure (£000s)

Spend by Project		Year to Date (YTD)			
		Annual Plan	Year To Date Plan	**Actual (YTD)**	Variance (YTD)
Redevelopment Projects					
	Trust/DH Funded	0	0	**0**	
	Donated Funded	36,372	8,475	**8,261**	(214)
	Total :	**36,372**	**8,475**	**8,261**	**(214)**
Estates Maintenance Projects					
	Trust/DH Funded	7,702	770	**757**	(13)
	Donated Funded	1,250	126	**7**	(119)
	Total :	**8,952**	**896**	**764**	**(132)**
IT Projects					
	Trust/DH Funded	6,000	600	**181**	(419)
	Donated Funded	1,000	100	**0**	(100)
	Total:	**7,000**	**700**	**181**	**(519)**
Medical Equipment Projects					
	Trust/DH Funded	90	10	**0**	(10)
	Donated Funded	3,500	350	**440**	90
		3,590	**360**	**440**	**80**
	Total Additions in Year	**55,914**	**10,431**	**9,646**	**(785)**
Asset Disposals		**0**	**0**	**0**	**0**
Donated Funded Projects		(42,122)	(9,051)	(8,708)	343
	Charge Against CRL Target	**13,792**	**1,380**	**938**	**(442)**

Great Ormond Street Hospital for Children NHS Trust
Finance and Activity Performance Report Period 2 2011/12
Staffing WTE

Permanent (Excludes Maternity Leave)

Unit	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Plan*	Variance
Cardiac	350	354					378	25
Surgery	650	644					697	52
DTS	354	356					338	-17
ICI	479	481					483	2
International	114	116					131	15
Medicine	280	284					249	-34
Neurosciences	261	264					275	11
Haringey	183	175					208	32
North Mid.	2	2					0	-2
Children's Population Health	7	8					4	-4
Operations & Facilities	202	203					239	36
Corporate Affairs	15	13					13	0
Estates	46	45					59	14
Finance & ICT	138	138					160	22
Human Resources	57	55					58	2
Medical Director	14	14					20	7
Nursing And Workforce Development	80	78					87	10
Research And Innovation	57	63					67	4
Redevelopment Revenue Costs	7	7					0	-7
TOTAL	3297	3300	0	0	0	0	3467	168

Overtime

Unit	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Plan	Variance
Cardiac	6.3	2.4					0.0	-2.4
Surgery	3.3	2.4					0.0	-2.4
DTS	0.4	0.8					0.0	-0.8
ICI	0.4	0.3					0.0	-0.3
International	0.2	1.5					0.0	-1.5
Medicine	0.3	0.8					0.0	-0.8
Neurosciences	0.9	0.6					0.0	-0.6
Haringey	0.0	0.0					0.0	0.0
North Mid.	0.0	0.0					0.0	0.0
Children's Population Health	0.0	0.0					0.0	0.0
Operations & Facilities	3.6	4.0					0.0	-4.0
Corporate Affairs	0.0	0.0					0.0	0.0
Estates	2.0	1.2					0.0	-1.2
Finance & ICT	3.1	1.2					0.0	-1.2
Human Resources	0.1	0.0					0.0	0.0
Medical Director	0.0	0.0					0.0	0.0
Nursing And Workforce Development	0.0	0.1					0.0	-0.1
Research And Innovation	0.1	0.3					0.0	-0.3
Redevelopment Revenue Costs	0.0	0.0					0.0	0.0
TOTAL	20.6	15.7	0.0	0.0	0.0	0.0	0.0	-15.7

Agency/Locum/Bank

Unit	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Plan	Variance
Cardiac	38	31					0	-31
Surgery	61	67					0	-67
DTS	11	11					0	-11
ICI	42	36					0	-36
International	44	48					0	-48
Medicine	29	23					0	-23
Neurosciences	27	19					0	-19
Haringey	5	6					0	-6
North Mid.	0	0					0	0
Children's Population Health	2	0					0	0
Operations & Facilities	9	18					0	-18
Corporate Affairs	0	1					0	-1
Estates	5	15					0	-15
Finance & ICT	15	14					0	-14
Human Resources	5	0					0	0
Medical Director	2	2					0	-2
Nursing And Workforce Development	3	2					0	-2
Research And Innovation	1	2					0	-2
Redevelopment Revenue Costs	0	0					0	0
TOTAL	298	295	0	0	0	0	0	-295

TOTAL STAFFING (Excluding Maternity Leave)

Unit	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Plan	Variance
Cardiac	393	387					378	-9
Surgery	714	713					697	-17
DTS	366	368					338	-30
ICI	521	517					483	-35
International	157	166					131	-34
Medicine	310	307					249	-57
Neurosciences	289	284					275	-8
Haringey	188	181					208	26
North Mid.	2	2					0	-2
Children's Population Health	9	8					4	-4
Operations & Facilities	214	225					239	14
Corporate Affairs	15	14					13	-1
Estates	53	61					59	-3
Finance & ICT	155	153					160	7
Human Resources	62	55					58	2
Medical Director	17	16					20	4
Nursing And Workforce Development	83	80					87	8
Research And Innovation	58	66					67	2
Redevelopment Revenue Costs	7	7					0	-7
TOTAL	3,615	3,610	0	0	0	0	3,467	-143

* Wte plan has been adjusted pro rata across Units to reflect the unallocated pay CRES target.

Attachment N

Great Ormond Street Hospital for Children NHS Trust

Trust Board
29 June 2011

Title of document: Foundation Trust application update **Submitted on behalf of:** Fiona Dalton	**Paper No: Attachment N**

Aims / summary

The attached paper sets out the current position for the Trust against the assessment criteria used by the SHA and the Secretary of State for Health to determine readiness for Foundation Trust status.

The "Evidence of meeting statutory targets" criteria have been rated amber (no change). Both hospital acquired infection indicators (c. diff – 3 cases; MRSA – 1 case) are above trajectory. It is also noted that the 95th centile of admitted pathway waiting time was over 23 weeks in Nov 10 and Feb 11. This indicator replaces the previous 18 week waiting time indicator.

The overall "Financially viable" assessment is rated amber (no change).

A response following the Department of Health review of the application has not been received at the time of writing this report. The delay in receiving the response is likely to cause further delay to the whole programme. The earliest possible authorisation date is 1 November 2011.

Key actions for the next month:

- Complete DH assurance process
- Commence election process for the Members' Council
- Commence Monitor assessment process.

Action required from the meeting
To note the current position

Contribution to the delivery of NHS / Trust strategies and plans
Achievement of Trust objective to secure Foundation Trust status

Financial implications: None

Legal issues: None

Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, children and families) and what consultation is planned/has taken place?
Formal consultation has been completed (18 June 2010)
A set of commissioner meetings have been held with lead commissioners.

Who needs to be told about any decision Not required

Who is responsible for implementing the proposals / project and anticipated timescales
Sven Bunn, FT Programme Manager

Who is accountable for the implementation of the proposal / project
Jane Collins, Chief Executive

Author and date
Sven Bunn
20 June 2011

Attachment N

Foundation Trust application – June 2011 position

Assessment of current performance for Great Ormond Street Hospital against the seven domains of the Secretary of State assurance process (changes since May in **bold**):

1. Legally constituted and representative		**Green**
The trust's proposed NHS foundation trust application is compliant with current legislation	• Draft constitution completed and approved by Trust Board (July 2010). Confirmation of compliance with NHS Act 2006 received from Capsticks (Jan 2011). • Principles for membership and representation agreed (age limits and constituencies). • Members' Council and Board of Directors' standing orders drafted.	Green
The trust has carried out due consultation process	• Consultation commenced on 9 Feb 10 and was completed on 18 June 2010. • A broad range of consultation meetings were held for both public and staff consultation processes. • Consultation feedback was provided on 13 August 2010.	Green
Membership is representative and sufficient to enable credible governor elections	• Currently ~7,500 members. • Opt-out system for staff membership; appointment of FT ambassadors to promote involvement • Face to face and direct mail recruitment activities have been restarted to replace members who have moved.	Amber
2. Good business strategy		**Green**
Strategic fit with SHA direction of travel	• Participation in London specialised children's services review. Support development of specialist paediatric networks. • Paediatric cardiac review • Paediatric neurosurgery review	Green
Commissioner support to strategy	• Meetings held with NCG, NHS London and local commissioners supported principles of growth • Reconfirmation of support received from NHS North Central London, London SCG, East of England SCG and National Commissioning Group (84% of NHS contract income).	Green
Takes account of local/national issues	• Thorough and detailed market assessment completed • Involved in national service reviews • Anticipate tougher economic conditions from 11/12 onwards.	Green
Good market, PEST and SWOT analyses	• Specialty based market assessments which encompass portfolio, strategic and competitor analysis. • SWOT and PEST analyses updated as part of IBP development. • External assurance of market assessment completed.	Green
3. Financially viable		**Amber**
FRR of at least 3 under a downside scenario	• Currently 3 in all years • Risks from CRES delivery	Amber
Surplus by year three under a downside scenario and reasonable level of cash	• As above.	Green
Above underpinned by a set of reasonable assumptions	• Assumptions generated and downside modelling completed. • External assurance completed.	Green
Commissioner support for activity and service development assumptions	• Support letters received from NHS North Central London, London SCG, East of England SCG and National Commissioning Group (84% of NHS contract income) • Risks to income from 11/12 commissioner proposals.	Amber

4. Well governed		**Green**
Evidence of meeting statutory targets	• Current CQC assessment: Fair – quality of service; Good – financial performance. • Would have achieved "Excellent" rating for quality of service in 2009/10. • **HAI Performance (c. diff – 3 cases**; MRSA – 1 case). • 95th centile of admitted pathway waiting time was over 23 weeks in Nov 10 and Feb 11.	Amber
Declaring full compliance or robust action plans in place	• Achieved full CQC registration. • Robust action plan has been developed as a result of boiler failure. HSE improvement notice now lifted.	Green
Comprehensive and effective performance management systems in place	• Well developed corporate and clinical unit level performance management and risk management systems. • Further work is required on specialty and service level systems.	Green
5. Capable board to deliver		**Green**
Evidence of reconciliation of skills and experience to requirements of the strategy	• Board effectiveness assessment and board development process completed. Board skills analysis will be completed by December 2010. • Clinical unit development started in March 10. • External support for board development has been provided.	Green
Evidence of independent analysis of board capability/capacity	• Board effectiveness assessment completed. • External assurance programme completed. • On-going board development programme.	Green
Evidence of learning appetite via NHS foundation trust processes	• Board development programme. • External board assessment	Green
Evidence of effective, evidence based decision making processes	• Governance structure • Existing TB and MB minutes	Green
6. Good service performance		**Green**
Evidence of meeting all statutory and national/local targets	• Good performance management system • **HAI Performance (c. diff – 3 cases**; MRSA – 1 case) • 18 admitted patient pathway over target	Amber
Evidence of no issues, concerns, or reports from third parties, e.g. HCC and in future CQC	• HSE improvement notice relating to boiler incident has been lifted (July 2010). • Awaiting final HSE report.	Green
Evidence that delivery is meeting or exceeding plans	• Good performance management system	Green
7. Local health economy issues / external relations		**Green**
If local health economy financial recovery plans in place, does the application adequately reflect this?	• Participation in London specialised children's services review. • Participation in national reviews	Green
Any commissioner disinvestment or contestability	• None	Green
Effective and appropriate contractual relations in place	• Commissioner Forum • Risk to commissioner agreement with growth plans	Green
Other key stakeholders such as local authorities, SHAs, other trusts, etc.	• Good working relationships	Green

Sven Bunn
20 June 2011

Attachment O

Great Ormond Street Hospital for Children NHS Trust

Trust Board Meeting **29th June 2011**	
Update from the Division of Research and Innovation including UCLP Research Activities **Submitted on behalf of** **Prof David Goldblatt**	**Paper No: Attachment O**
Aims / summary An update on Divisional activity.	
Action required from the meeting Pending outcome of presentation.	
Contribution to the delivery of NHS / Trust strategies and plans With partners maintain and develop our position as the UK's top children's research organisation.	
Financial implications To ensure sustained and increase in research income to GOSH.	
Legal issues N/A	
Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, children and families) and what consultation is planned/has taken place? N/A	
Who needs to be told about any decision Prof David Goldblatt and Lorna Gibson	
Who is responsible for implementing the proposals / project and anticipated timescales Prof David Goldblatt and Lorna Gibson	
Who is accountable for the implementation of the proposal / project Prof David Goldblatt and Lorna Gibson	
Author and date Prof David Goldblatt and Lorna Gibson – 20th June 2011	

The child first and always

Great Ormond Street Hospital for Children NHS Trust

Research update for Trust Board

- Establishing a new Division of Research and Innovation within GOSH NHS Trust
- NIHR Biomedical Research Centre @ GOSH: 2012-2017 application
- UCL Partners
- Future Challenges

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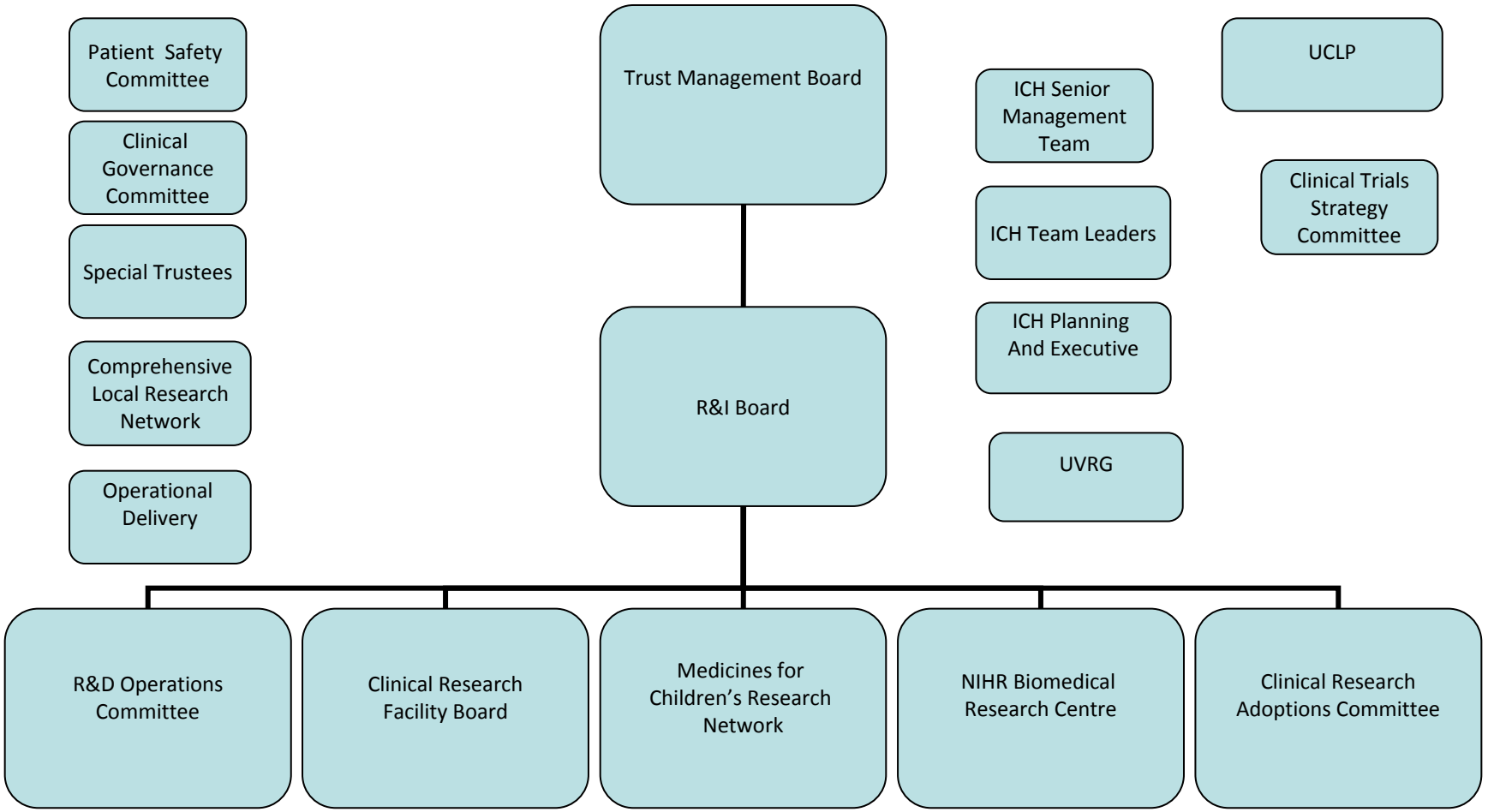
Great Ormond Street Hospital for Children NHS Trust

Division of Research and Innovation



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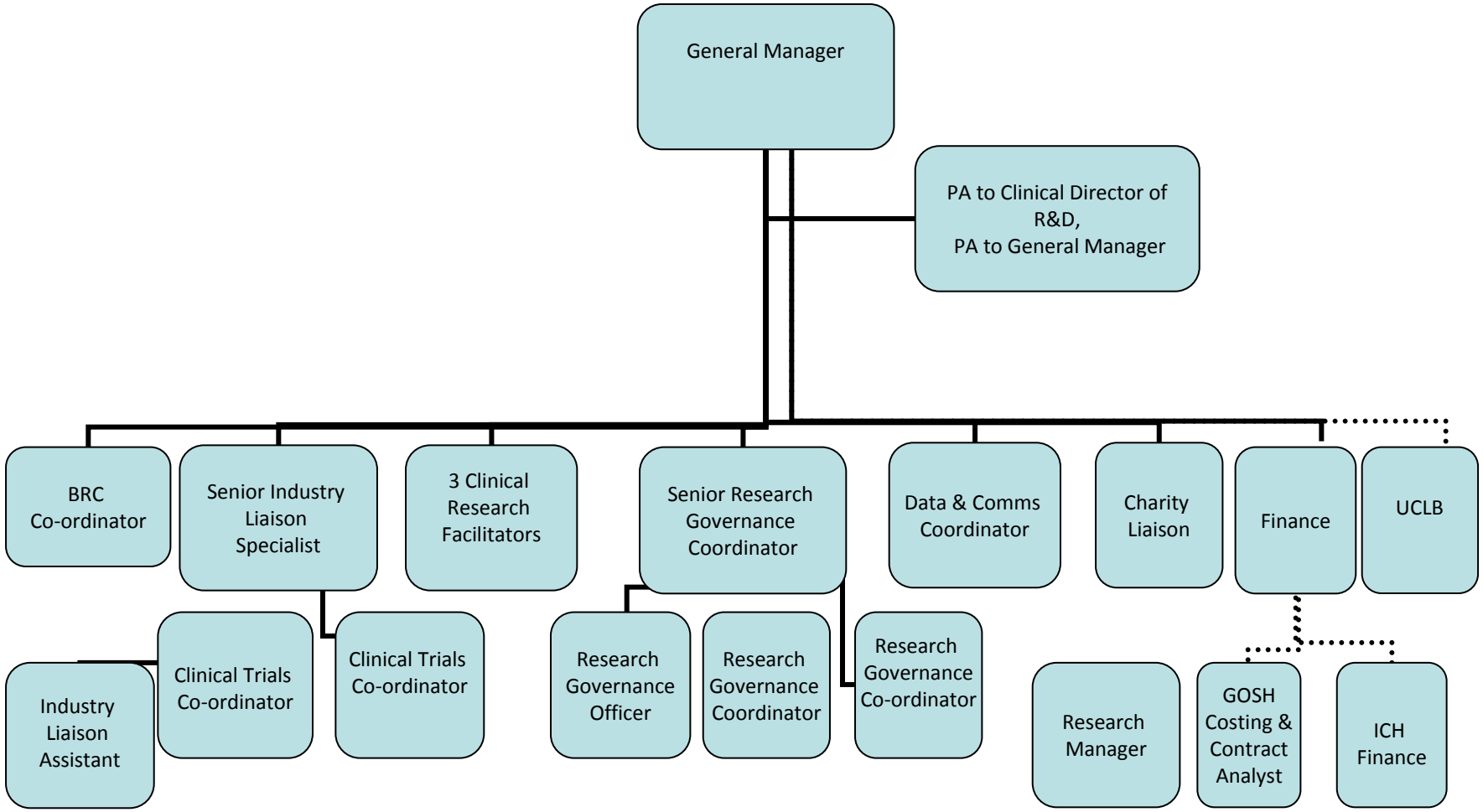
Great Ormond Street Hospital for Children NHS Trust

NHS

Joint GOSH/ICH R&D Office



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Great Ormond Street Hospital for Children NHS Trust

NIHR BRC application 2012-2017

• GOSH and its academic partner, UCL ICH represent the largest grouping of biomedical research dedicated to children outside of North America.

• Our diverse patient population creates a unique environment and opportunity to translate basic research findings quickly and efficiently into medical practice to benefit patients.

• The specific aim of our BRC is to achieve this by developing and responding to new insights in technologies, techniques and treatments and apply these to children with the overall aim of improving health.

• Over the next five years we will further develop our capacity for ‘Experimental Medicine’ by focusing on several key areas; these include efforts to understand the molecular basis of childhood disease, initiatives to develop new diagnostic and imaging modalities for diseases in children, initiating trials of new gene, stem and cellular therapies and evaluating original therapies for a broad range of childhood diseases.

• With ongoing NIHR support, GOSH/ICH is perfectly placed to sustain scientific excellence in the field of childhood diseases and contribute to the nation's international competitiveness as a major component of our knowledge economy.

NIHR BRC application 2012-2017

Our strategy is focussed on:

1) Investing in infrastructure to increase scientific and clinical research capabilities.

2) Investing in equipment and platform technologies that will benefit multiple disciplines.

3) Building and strengthening our relations with external clinical and academic partners including industry.

4) Investing in excellent researchers at junior, intermediate and senior levels to build capacity for the future.

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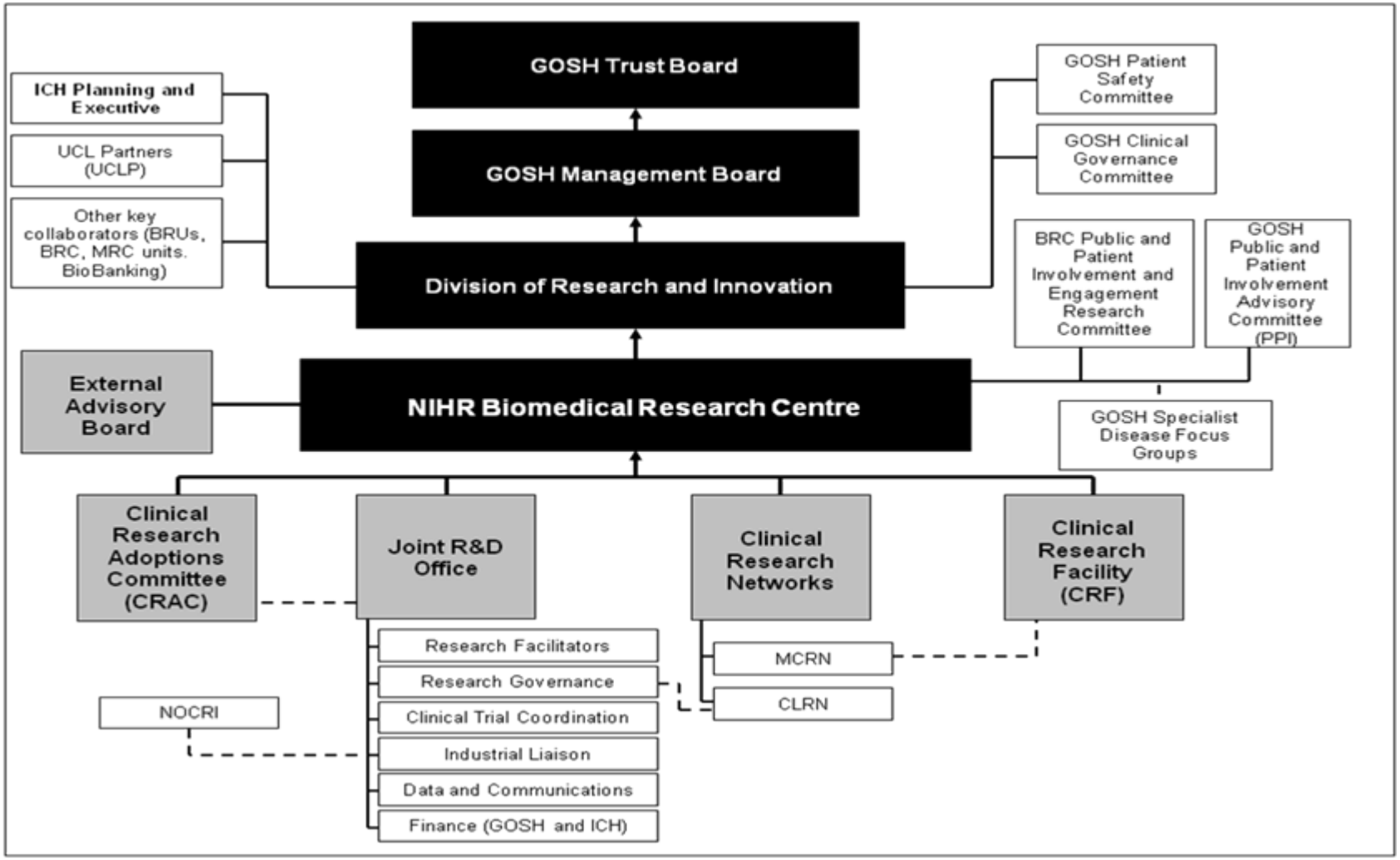
Great Ormond Street Hospital for Children NHS Trust



Child Health Programme

- Translation of the proven innovation in industry of 'Customer Relationship Management' to juvenile diabetes through a Patient Relationship Management approach, enabling children and their families to access evidence based care within their own homes (12 month plan detailed below).

- Translation of integrated care pathways as well as patient held records for the improvement of the care of asthma in the community (12 month plan detailed below).

- Translation of research on outcomes of obesity during pregnancy into interventions that improve pregnancy outcomes and mitigate long term effects on the infant:

  Detailed 12-month programme being agreed based on an audit of the current service (e.g., high c-section rates) and discussions with commissioners, including a new model of care for pregnant women with a BMI>30 (e.g., triage specialist clinic, regular monitoring of fatal growth).

- Future Directions:
  - supporting the child component of life cycle approach to critical challenges such as CVD prevention and the rarer conditions across UCLP.
  - A separate community facing paediatric work-stream.

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Great Ormond Street Hospital for Children NHS Trust

Future challenges

- Attract increased research funding to GOSH.
- Develop incentivisation schemes for research within the Trust
  - CLRN/ FSF fund allocation to GOSH researchers.
- Ensure BRC delivers it's promised activity:
  - Increase collaboration with industrial partners
  - Increase phase 1 clinical trials
  - Increase activity within Clinical Research Facility.
- Sustained high recruitment rate and CLRN Portfolio adoption.
- Publicise and raise awareness of our research.

Attachment Q

Great Ormond Street Hospital for Children NHS Trust

Trust Board **29th June 2011**	
Title of document: PPI Annual Report **Submitted on behalf of:** Liz Morgan Chief Nurse and Director of Education	**Paper No: Attachment Q**
Aims / summary To inform the CGC of the PPI and patient experience activity over the last year and the priorities for 2011/12.	
Action required from the meeting To approve the report	
Contribution to the delivery of NHS / Trust strategies and plans To ensure that the Trust achieves it's objective of exceeding patient and family expectations and to meet the requirements of the Health and Social care Act and NHS Constitution.	
Financial implications Nil	
Legal issues Nil	
Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, children and families) and what consultation is planned/has taken place? Nil	
Who needs to be told about any decision Clinical Unit teams	
Who is responsible for implementing the proposals / project and anticipated timescales Caroline Joyce Assistant Chief Nurse quality, safety and patient experience and Grainne Morby Head of PPI.	
Who is accountable for the implementation of the proposal / project Liz Morgan Chief Nurse and Director of Education	
Author and date Grainne Morby June 2011	

Patient and Public Involvement, Engagement and Experience at GOSH Annual Report 2010/11

1. Summary

This report gives an overview of PPI activity and engagement at GOSH, identifies achievements over the last year and gives an indication of priorities for 2011/12. It also outlines Trust-wide patient experience survey work and highlights progress on improving local surveys.

2. Policy and Activity Summary 2010/11

GOSH Trust Board agreed GOSH's first Patient and Public Involvement and Engagement (PPIE) strategy in September 2009 after extensive consultation with staff and Foundation Trust members. Year One targets were achieved. Year 2 focused on

- developing and agreeing a strategy for improving Patient Experience and an action plan
- consulting with the public on our Foundation Trust proposal whilst engaging and consulting with our Members Forum
- recruiting patients/parents to support the local business/improvement plans identified by clinical and non-clinical units
- responding to external requests relating to patient and public involvement from agencies such as Camden's Health Scrutiny Committee, Care Quality Commission, London's tertiary pediatrics services and the Safe and Sustainable reviews for children's cardiac and neurosurgery.
- updating the PPIE strategy to reflect the Trust's commitment to excellent patient experience as a key aspect of quality, along with patient safety and positive clinical outcomes.

3. Procedures, Structures and Staffing to support PPI

3.1.The Patient, Public Involvement and Experience Committee (PPIEC), chaired by the Director of Nursing, and including three parents, monitors implementation of the PPIE Strategy, responds to proposals from the Trust's Members Forum, and provides strategic direction to the overall 'patient experience' agenda. The PPIEC is supported by a PPI Advisory group, which includes two parents, which advises staff on local PPI initiatives and has taken responsibility for the detailed work necessary in commissioning the MORI in-patient and out-patient surveys.

3.2. A Staff Toolkit gives practical help and advice to staff considering engaging patients and parents in service planning. Procedures are in place to

support the ‘recruitment’ of member representatives, to date mostly parents, and the Hospital Liaison Officer became the point of contact for staff and services wishing to ‘recruit’ Members into projects, and committees.

3.3. 2010/11 was the year in which our attention turned to capturing and measuring the patient experience in order to evidence improvements. However it became clear that we needed to strengthen our capacity to respond. A Patient experience strategy and action plan was agreed and the Hospital Liaison post was redesigned to create a full time PPI/Patient Experience post to be filled from September 2011. With this post GOSH will be able to resource its plans.

4. Involving the Membership

4.1. The Trust developed a Members Forum three years ago as part of its Foundation Trust preparations and this group,with a hardcore of up to 10 active and enthusiastic members, has been proactive in the development of listening events and in establishing parent representatives on a range of committees and initiatives including the GOSH Transformation board, PPIEC and PPIEG, Family Equality and Diversity Group, Food At GOSH group, Redevelopment, Achieving Foundation Trust status working parties, transformation programmes, staff recruitment and clinical unit management.

4.2. Over the last year the Members Forum acted as the Trust’s critical friend. Its work included advising on our transition policy for moving young patients on to adult services, our second Quality Account, reviewing the ‘Welcome to GOSH’ DVD for new patients, a membership strategy and recommendations for the support of member councillors. The Forum proved invaluable in shaping a response to major external reviews into cardiac heart surgery and London’s tertiary paediatrics services. A highlight of the year was an invitation to report to the Camden Health Scrutiny Committee on access to our reception and Patient Advice and Liaison service (Pals).

4.3. The Trust has 10,000 members recruited as part of its Foundation Trust development plans and regularly consults with active members about its plans. Stories of members’ experiences of being involved with the Trust can be found on the Trusts website at www.gosh.nhs.uk.

5**. Listening To Patient Experience**

5.1. We now have 7500 public and patient members and 3500 staff members. Listening to Members followed up by action is pivotal to the way we work. The questions and themes of the Ipsos MORI surveys (in-patient and out-patient) that GOSH commissioned in Autumn 2010 drew directly from the issues that we knew really matter to our patients and their families, from both quantitative and qualitative research, in particular the listening events, Gosh Parents Say, Be a Star and in 2010/11, Be The Boss, This series of annual surveys enables GOSH and its membership to measure how well we are doing over time in key areas identified by our members as key drivers to patient satisfaction. The overall results this year continued to be positive :

The Ipsos Mori 2010/11 Inpatient survey of 750 young people and their families revealed:

- 96% of patients and families were satisfied with their last visit to GOSH (increased from 94% in 2009)
- 96% of patients and families would be likely to recommend GOSH to a friend or relative needing treatment

The Ipsos Mori 2010 telephone survey results of 750 Outpatients revealed:

- 95% of patients and families were satisfied with their last visit to the hospital
- 98% of patients and families were likely to recommend GOSH to a friend or relative needing treatment.

5.2. The Trust is aware that an increasing amount of survey work is being conducted locally within its services but is not always aware of the results. The Trust has feedback boxes in reception and in other parts of the hospital and is encouraging departments to develop feedback boards to let patients and families know what is happening as a result of their feedback. The Trust's recently developed Patient Experience strategy and action plan focuses on undertaking more frequent but co-ordinated patient surveys across all wards and developing mechanisms to ensure that families are aware of what is happening as a result of their feedback.

5.3. Some clinical specialties and other departments within GOSH have conducted small-scale, local patient satisfaction surveys in response to specific service redesigns. We have identified the need to ensure that such surveys are better supported through identifying best practice in survey design, distribution, evaluation and action planning on the basis of their findings. This work is timetabled as part of the Patient Experience Action Plan, a key element of Year 3 (2011/12) of GOSH'S PPI strategy.

5.4. Surveys of the impact of our volunteering programme took place this year. The Trust has an increasing range of volunteer projects to enhance the patient experience for example the Activate Volunteer Programme which recruits young volunteers between the ages of 18 – 25 to engage children and young people in the hospital to develop positive skills and attitudes. The volunteers get involved in planning different activities such as arts, games and physical activities. They regularly visit the wards and run a fortnightly Saturday club where recent feedback included:-

'Brilliant The Centre is open on Saturday – weekends are so boring in the hospital'

'Very enjoyable for my daughter and a welcome break for parents'

'My son started to walk again after 2 months and this was just the motivation he needed. Thank you'.

5.5. Informal complaints and concerns raised with the Pals service, complaints and incident reporting provide important barometers of 'real-time' patient experience. The Pals Annual Report 2010/11 shows that 2,800 families were directly assisted in 2010/11 and that many issues were

identified where service improvements were able to be put in place or issues highlighted to the Trust's Quality & Safety Committee. Issues included

- parents experiencing difficulties in communication with the Appointment Centre
- service issues in Gastroenterology
- care Co-ordination of complex children under multiple specialties
- admission process on Kingfisher ward
- information and planning of Neuromuscular out-patient appointments .
- provision of breast feeding support in Haringey
- facilities on wards for increasing numbers of young patients with multiple disabilities/wheelchairs/hoists etc
- confusion as to what is and what is not disclosable from third parties in medical notes.
- disseminating good practice in postoperative and procedural pain management and waiting time for access to chronic pain management clinic.
- communicating need for X-Rays prior to Orthopaedic outpatient clinic
- the scope and relevance of the 'Managing Conflict' policy in relation to patients in the community.

5.6. The Cardio respiratory Unit was the first clinical unit to establish its own Outcomes group which meets weekly and is able to focus on improving patient experience and undertaking its own survey work. The unit introduced its own patient experience measures in 2009/10. Patient/parent satisfaction surveys were carried out in six areas/teams: Cardiac Daycare (Octopus Ward), Ladybird Ward, Pulmonary Hypertension Team, Sleep Unit and ECMO. In each survey there is an agreed benchmark question (an experience measure) which will be included in the surveys every year allowing us to see whether this particular experience is getting better. In addition, surveys are planned for 2011/12 for Cardiology Outpatient clinics, the Cystic Fibrosis Unit and CICU. The long term aim is to run an annual survey for all Cardiac wards, out patient clinics and specialist teams.

6. Other PPI Achievements 2010/11

6.1. There are three levels of patient involvement outlined in the Patient and Public Involvement and Engagement strategy. Achievements in 2010/11 include

Level 1: relates to the quality of the relationships and communications between patients, their parents/carers and staff. Examples include

- the use of the DVD made by patients outlining their expectations of doctors and nurses in GOSH What A Hospital ! in staff induction and PGME training.
- Redesign of the Trust's advocates team in the International & Private Patients service making them ward based and better able to respond to

patient issues as they arise; and identifying a single Embassy liaison point to improve the support provided to patients on admissions and discharge

- A pilot study by the Pain Control service interviewed in-patient carers to explore pain management issues, and a video of patients was produced for the Paediatric Pain symposium 2010 'What helps when it hurts?'

6.2. Level 2: relates to improvements or changes in services at speciality or Unit level. Active involvement of parents/patients at departmental/service level has slightly declined this year from 60 parents (mostly) 'recruited' to a wide variety of working groups and committees last year. This may reflect less intensive activity at service level necessitating patient /parent involvement within the Transformation programme. However welcome developments included :

- the recruitment of a parent to Surgery's Clinical Unit management team which has resulted in plans to run surgical ward parent focus groups from July 2011

- the establishment of a Gastroenterology Parents Support network with the dual function of supporting research, and providing an opportunity for GOSH parents of children with a gastroenterological condition to develop online peer support

- the recruitment of a parent to Cardiac's executive Board who is also representing GOSH parents on the London Safe and Sustainable group reviewing children's heart surgery

- continued involvement of parents/patients in reviewing Outpatients, the Clinical Genetics service, the Neurodisability service, the medicines management project, Transforming Care on Your ward, medical notes project, the End of Life Care group and its Organ Donations sub-committee, Redevelopment, the Patient bedside entertainment and information system, the Trust's One website project

- Active member involvement in staff recruitment, particularly successful in Consultant interviews. However, it is disappointing that the number of parents engaged in recruitment activity is declining and the reasons for this need to be addressed.

- Exemplary exit surveys for children, and for families leaving Mildred Creak Unit, and exit interviews with children using the School, and the Young People's survey conducted by the Adolescent Services team.

- Regular parent 'teas' combining social functions with feedback opportunities continue to be a feature of a number of long-stay wards, particularly in haematology/oncology and PICU/NICU hosts its annual party cum focus group event which is well attended.

- The trial of a patient experience survey in the Cardiac Unit, administered on discharge, using iPads.

6.3. Level 3: relates to engagement in Trust-wide strategic issues such as its clinical growth policy, the development of its education and training strategy and where appropriate the actual delivery of learning, its research and development strategy and its day to day governance.
Examples include : the public consultation on becoming a Foundation Trust, consultations with the Members Forum, involving members in key strategic decision-making in programmes such as Achieving Foundation Trust status, Transformation and Redevelopment and responding to the Trust's Referrers survey.

7. Outcomes and Evaluating PPI

7.1. The involvement and engagement of members, and in particular parents, has not increased in volume in Year 2 of the PPI strategy**.** On a headcount basis alone active engagement increased five-fold in 20109/10, due in large measure to parental involvement in the Transformation workstreams, in particular its VFM projects, and this level of activity diminished in 2010/11. However there is a much greater acceptance within the Trust that engaging patients and families at all three levels is desirable and useful, and there is a strong interest in identifying and responding speedily to issues that matter to patients and their families.

7.2. However, lessons should be learnt from the experiences of both parents/patients and staff to date. It is proposed to get feedback from both in 2011/12 to feed into Members Council deliberations and if necessary produce some written guidelines for key worker staff and 'representatives' on good practice.

8. Priorities for 2011/12

- To make progress on the patient experience action plan agreed at Management Board in March 2011

- Repeat annual tracker surveys and meet patient experience CQUIN targets

- Support the Members Forum and its successor, the elected Members Council to listen to the voices of children and young people and their families e.g. to organise a minimum of two annual listening events – for children and young people, and for parents and other Members.

- Review progress, evaluate impact and agree a new membership involvement and engagement strategy to ensure that the future strategy remains focused on the value and contribution of engagement activities on service development from 2012, in liaison with the elected Members Council.

Attachment Q

- Refresh the toolkit for staff on involving and engaging patients and families, taking account of learning in the past two years.
- Review and improve involvement of members in staff recruitment.
- Reviewing non – paper based methods of eliciting patient experience.

Grainne Morby, Head of Pals and PPI, June 2011

Attachment R

Great Ormond Street Hospital for Children NHS Trust

Trust Board Meeting
29 June 2011

Title of document Annual Health and Safety report 2010 - 11 **Submitted on behalf of** Aidan Holmes Health and Safety Advisor	**Paper No: Attachment R**

Aims / summary
To inform the Trust Board of the work undertaken by the health and safety team and give an overview of how well the Trust is doing in managing non-clinical risk across the organisation.

Action required from the meeting
None

Contribution to the delivery of NHS / Trust strategies and plans
The annual report will contribute to Zero Harm, by bolstering a culture of safety and continual improvement. The policy also contributes to 'No waste' as safety impacts on revenue and time spent investigating incidents/fines. There are obvious financial benefits of preventing 'accidents'.

Financial implications
None.

Legal issues
The health and safety annual report helps give assurance to the trust that we are compliant with statutory guidelines and helps highlight any deficiencies in the safety systems and aims to set out solutions where possible.

Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, children and families) and what consultation is planned/has taken place?
The annual report will be sent to each of the trusts' safety committees, health and safety representatives, unit leads/lead nurses and area managers for their information.

Who needs to be told about any decision
Health and safety committee, health and safety representatives, Trust Board and Special Trustees.

Who is responsible for implementing the proposals / project and anticipated timescales
Aidan Holmes
Health and Safety Advisor

Who is accountable for the implementation of the proposal / project
Aidan Holmes
Health and Safety Advisor

Author and date
Aidan Holmes
14/06/11

Trust Health and Safety Annual Report (1st of April 2010 – 31st March 2011)

Executive Summary

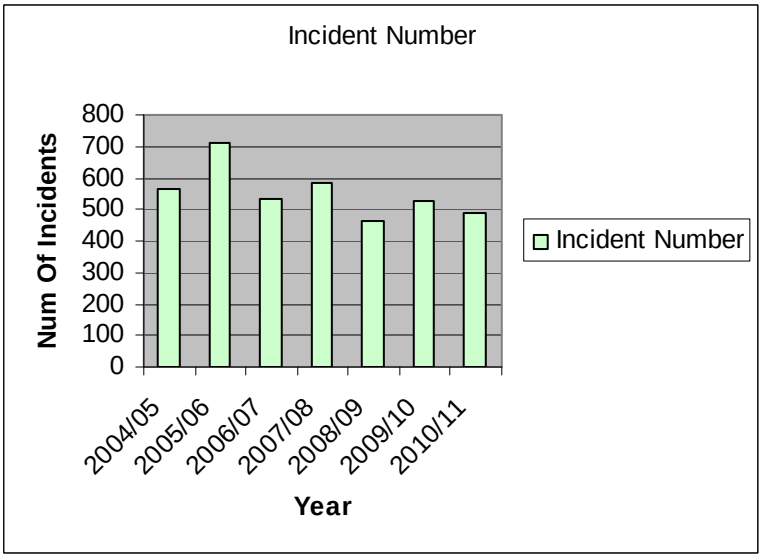
The health and safety report provides information about health and safety incidents across the Trust for the Health and Safety Committee (HSC), an update on involvement with external agencies and information about key work undertaken by the health and safety since the previous HSC.

Number and severity of incidents reported (Pan Trust)

GOSH employees reported 487 health and safety incidents from the 1st of April 2010 to the 31st of March 2011 including 68 patient safety incidents.

During the period, there were:

- 12 RIDDOR reportable incidents
- 33 incidents reported as moderate severity.
- 267 incidents reported as low harm, and
- 115 incidents reported as no harm.



Strategic Performance Review 2011

Key functions for successful health and safety management can be classified into three broad areas:

- Formulating and developing policy. This includes identifying key objectives and reviewing of progress against them.
- Planning, measuring, reviewing and auditing health and safety activities to meet legal requirements and minimise risks.
- Ensuring effective implementation of plans and reporting on performance.

The Trust needs to manage health and safety with the same degree of expertise and to the same standards as other core activities, if the Trust is to effectively control risks and prevent harm to people. In order to achieve this aim the key functions listed above have been built on by the Trust in the past year. These include:

- The Trust Health and Safety Policy and the COSHH Policy have been rewritten following the core values of successful health and safety management.
- New Terms of Reference have been created for all safety committees ensuring the effective monitoring of the audit and checklist cycle.
- Health and safety audit tool and cycle have been revised to ensure the Trust meets its statutory duties.

Five new Trust wide audits have been agreed by the Trust Health and Safety Committee. The audit is based on the Health and Safety Executives' HSG65 Successful Health and Safety Management and also the NHSLA criteria. The audit will be undertaken by the Health and Safety Team and results monitored by the Health and Safety Committee. They include separate audits for:

- Estates
- Facilities
- Clinical
- Non-clinical
- Laboratory

The Health and Safety Department have worked with the Estates Directorate towards improving safety culture within both Projects and Works, including the lifting of an Improvement Notice in July 2010. Both departments now have monthly Health and Safety Committee meetings which oversee safety management/statutory compliance and quality initiatives across the Estates Directorate.

The team have worked on both the audit schedule and room checklist, improving their layout and functionality. The changes to the audit tool have been made in part to review the Trust documents and in part to monitor whether the Trust is meeting its statutory obligations. It is hoped the results of this will be proven in 2011 after the room inspections and audits have been completed.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

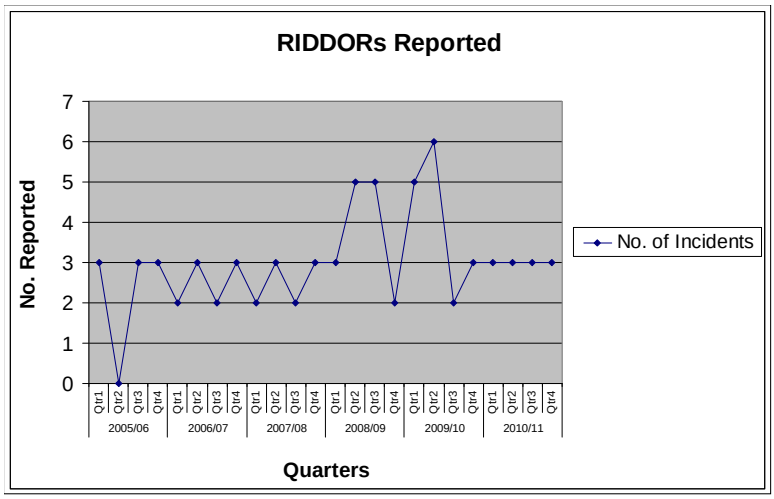
The Trust is required to report RIDDOR incidents promptly to the Health and Safety Executive (HSE). If we do not we may be subject to considerable fines. To report effectively, the Health & Safety Team (H&ST) are dependent on colleagues across the Trust to let them know immediately about any incident that is RIDDOR reportable.

The following incidents were reported as a RIDDOR.

- Play specialist twisted their knee whilst bending
- Staff member partially severed finger on band saw
- Part of lift ceiling fell on staff member
- Staff member walked into wall
- Staff member hurt back stepping out of a lift that was not level with floor
- Staff member fell on stairs hurting leg
- Staff member strained back moving patient
- Staff member hit by opening door
- Staff member hit by moving object
- Staff member carrying medical notes hurt shoulder
- Staff member hurt back in diet kitchen

- Staff member twisted shoulder whilst carrying medical records

There have been 12 RIDDORS to date in this financial year.



Training and Update of safety culture at Great Ormond Street Hospital

As part of the annual report an overview of health and safety induction, training and the use of checklists across the Trust is given below.

DATIX electronic incident reporting March 2011 - April 2011

325 staff have been trained as incident investigators to date. The training provides local teams ownership of their incidents and risks, bolstering their safety culture.

Annual audit cycle and specialised checklists

Safety checklists are used to support local managers in meeting their statutory responsibilities. The Health and Safety Team use them to ensure that patients and staff are in a safe environment and also as a reminder to senior staff of their duties under the Trust's Health and Safety Policies.

The health and safety annual audit is carried out in all areas across the trust, with staff members questioned on their knowledge of safety matters in their particular location or relating to their job. There are 5 different audits undertaken:

- Estates
- Facilities
- Clinical
- Non-clinical
- Laboratory

There were some issues raised with last years audit concerning staff workload in completing the form These issues were taken on board by the safety team and alterations have been made to ease the process, The safety team will complete a documentation audit and will assist in all aspects of the audit tool to make the process easier and less burdensome to staff.

Results

Overall the results of the audit were positive. The team which had most attention placed on them were the Estates team whose documentation at the time of the audit was all in place. There were some discrepancies between their policies and procedures (Asbestos/Legionella/Electricity at Work) and what actually happened. Work was undertaken to rectify any gaps which should be reflected in the 2011 results (due in July). Both the Works department and the Projects team have a monthly health and safety meeting incorporating legal compliance/audit/risk assessment/incidents/Root Cause Analysis.

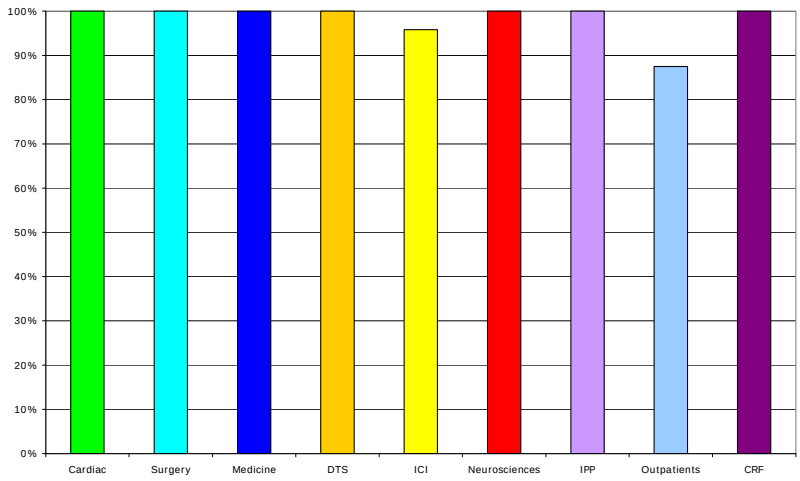
Staff COSHH questionnaire

Ninety-nine percent of all staff asked passed a test on their understanding of a hazardous substance

Eighty two percent of all staff said they were 'very confident' or 'confident' they were using the correct control measures in place for hazardous substances in their area, compared to 90% in September 2009

Forty-nine percent of staff thought the COSHH folder was 'very useful' or 'useful' when using a hazardous substance. Although this is an increase compared with September 2009 (38%), compliance still requires improvement. As a result, to help staff access their COSHH data and safety sheets the health and safety team will be putting all COSHH related data on to the intranet.

Percentage of staff passed hazardous substance test by clinical unit



First Aid

The breakdown of the first aid training is as follows:

- 16 staff members received first aid training
- 15 people attended updates

In total, 31 staff members have attended First Aid training during the period. There are a total of 80 first aid trainers across non-clinical areas of the site.

Estates' Training

Greater emphasis has been placed on enhancing the safety culture within the whole of the Estates Directorate. Staff are openly encouraged to undertake relevant courses incorporating safety aspects. These include:

- Conflict resolution training
- Institute of Occupational Safety and Health training
- Ladder training
- Site specific generator training
- Release of trapped person training
- Asbestos Training
- High Voltage Authorised Person training
- Customer services training
- Power electronics generator training session
- Authorised Person LV (Healthcare) training
- Eclipse training (Building System Management)

Contractors cannot work on site unless they have provided all their relevant safety documentation, which is subsequently audited. They must also provide proof that that they are part of the "Safe Contractor Scheme". This is an external accreditation scheme which reviews and audits the health and safety policies, procedures and documentation of contractors requiring evidence that the contractors actually do what their procedures state. If the contractor fails to meet the criteria they are given the opportunity to resubmit, but if they fail then GOS will not use their services.

Records inspected include:

- Health and safety policy statement and management structures
- Co-operation/Co-ordination/Communication
- Emergency Procedures
- Welfare Provision
- COSHH
- Maintenance of equipment
- Health and safety training
- Risk assessment
- First aid provision
- Accident reporting and investigation
- Manual handling procedures
- Health and Safety Legal/Enforcement Action
- Selection, assessment and use of sub-contractors
- Reviews/Audits/Monitoring
- Health and Safety Advice

Toolbox Talks

The Works department undertake weekly toolbox talks (approx 50 a year). Tool box talks are 30 minute lectures with group involvement related to maintenance safety issues.

Subjects discussed included:

- H&S at Work Act 1974
- Incident reporting
- Asbestos
- Control of Substances Hazardous to Health (COSHH)
- Confined Spaces
- First Aid
- Ladders
- Power of the HSE
- Eye Protection
- Skin Protection
- Personal Protective Equipment
- Personal Hygiene
- Risk Assessments
- Wood Working
- Weils Disease

All Works staff have undertaken an emergency first aid course.

Induction & Update

1157 staff members received training as part of their induction. A further 1046 received training as part of their 18 monthly update,

777 staff members were trained on various aspects of health and safety through local induction.

22 staff members attended the course 'Risk Prevention Treatment and Cure' which is a holistic approach to risk management, covering risk assessment/audit/clinical governance and the complaints process.

Risk Action Groups
The health and safety team currently facilitate 16 monthly risk action groups across the corporate areas of the Trust.

Serious Incidents (SIs) and Root Cause Analyses (RCAs)

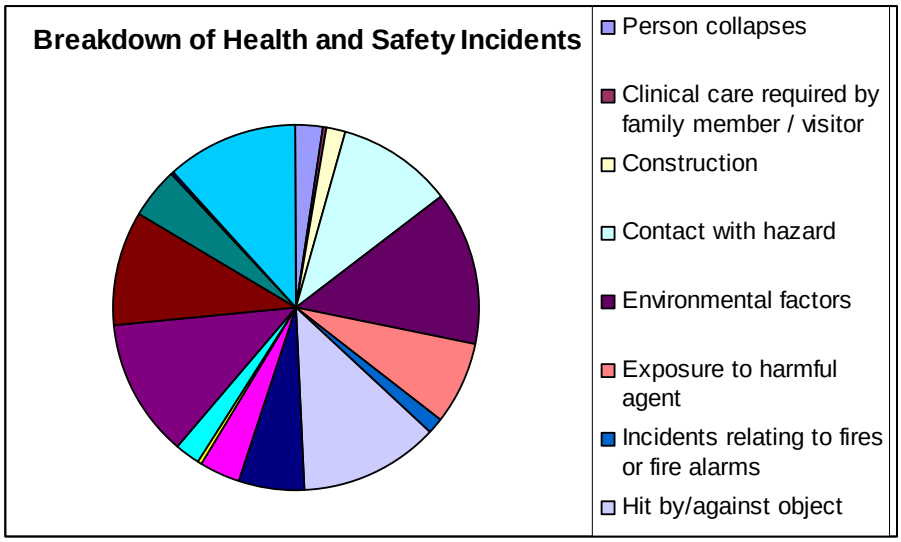
There were 8 incidents investigated as RCAs and 2 reported as an SI. These were as follows:

These include:

- Diesel Spillage (reported as an SI)
- Arson (reported as an SI)
- Diesel spillage (RCA)
- The partial severing of a staff members finger (RCA)
- Temporary loss of sample (RCA)
- Misdiagnosis of sample (RCA)
- Possible inappropriate disposal of sample (RCA)
- Sewage flood (RCA)

Key Incident Groups

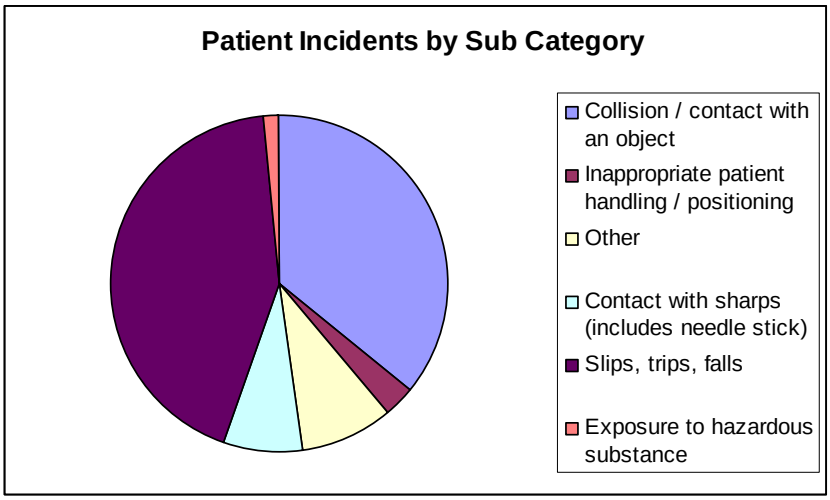
Breakdown of Health and Safety Incidents:



Category of incident 2010 – 2011 (Non – patient incidents)

Person collapses	10
Clinical care required by family member / visitor	2
Construction	7
Contact with hazard	42
Environmental factors	58
Exposure to harmful agent	30
Incidents relating to fires or fire alarms	5
Hit by/against object	51
Housekeeping issues	25
Lifting/handling injury	15
Lone Worker	1
Medical devices & equipment	10
Contact with needle or other sharps	51
Other	42
Slips, trips and falls	19
Trapped	1
Violence / Abuse / Harassment	49
Totals:	418

Breakdown of Patient incident figures by sub category



Patient incidents breakdown

Collision / contact with an object	24
Inappropriate patient handling / positioning	2
Other	6
Contact with sharps (includes needle stick)	5
Slips, trips, falls	29
Exposure to hazardous substance	1
Totals:	67

Patient Safety Incidents

There were 68 patient safety incidents. These included:

- 1 possible broken leg from a slip in Outpatients (Currently being investigated)
- 28 other slips/trips/falls
- 1 COSHH near miss

Environment incidents

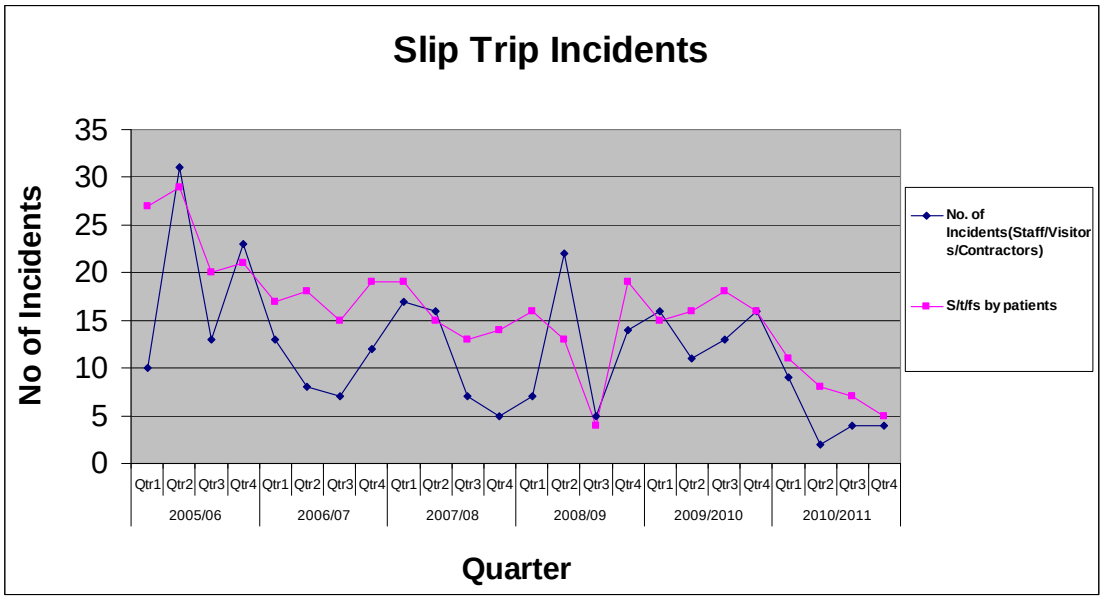
There were 58 issues under the environment category.

Common themes included:

- Cold/hot environment
- Access to the mortuary via the CBL was not prohibited
- Pest Issues

Slips, Trips and Falls

To support the systematic management of risk the H&ST have established a data base which monitors slips/trips and falls across the Trust, tracking their number and location. The number of slips/trips and falls has decreased significantly (See below) during the past five years. This owes much to the work undertaken by the Estates team and the use of less water by the MITIE cleaners.



Slips/Trips and Falls 2010 – 2011

Year	Quarter	No. of Incidents(Staff/Visitors/Contractors)	S/t/fs by patients
2010/2011	Qtr1	9	11
	Qtr2	2	8
	Qtr3	4	7
	Qtr4	4	5

Sharps Injuries

A quarterly sharps bin audit has been introduced as part of the COSHH audit to look at the position of sharps bins and the use and disposal of sharps. Sharps injuries, number and causes, are discussed at the Infection Control Committee on a quarterly basis.

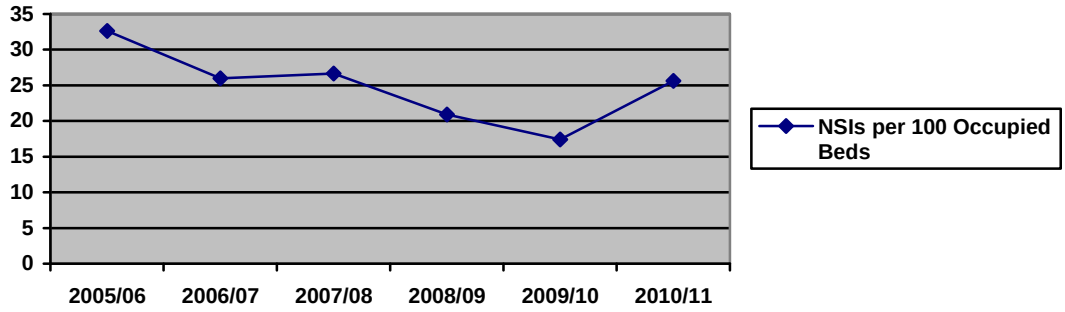
The average percutaneous injury rate for non-teaching hospitals is 18 injuries for every 100 occupied beds. At GOSH it is 25.6 compared to 20.9 last year.

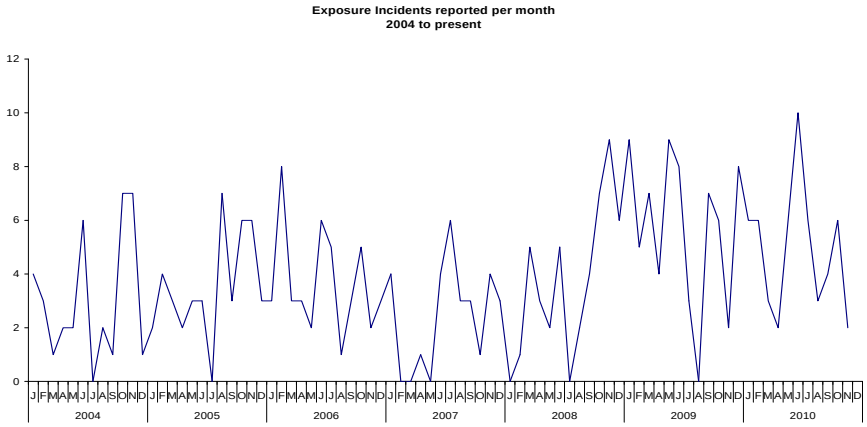
The formula below is the standard method used to calculate the rate of sharps injuries per 100 occupied beds over a given year. At GOSH there were a total of 60 reported sharps injuries (data from all sources), an increase of 7 on the previous year. The average bed occupancy during this period was 234.35

$$\frac{\text{Number of sharps injuries } 60}{\text{Average bed occupancy } 234.35} \times 100 = 25.6$$

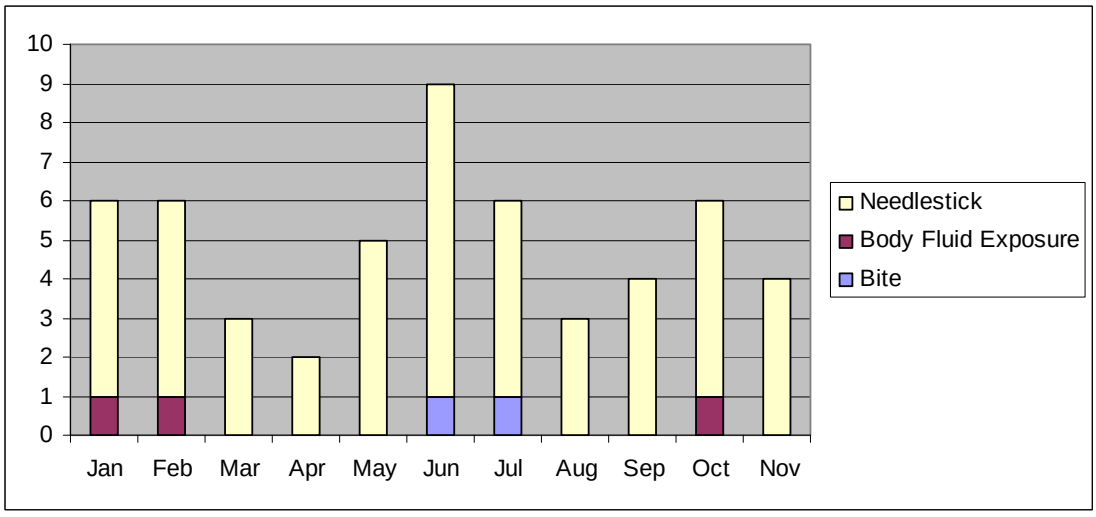
There was a spike of incidents in sharps injuries on Caterpillar ward. These were addressed by the Ward Sister who recognised that the technique used to remove portacath needles was contributing to the risk of needle stick injury and conducted additional training with staff.

Needlestick Injuries per 100 occupied beds

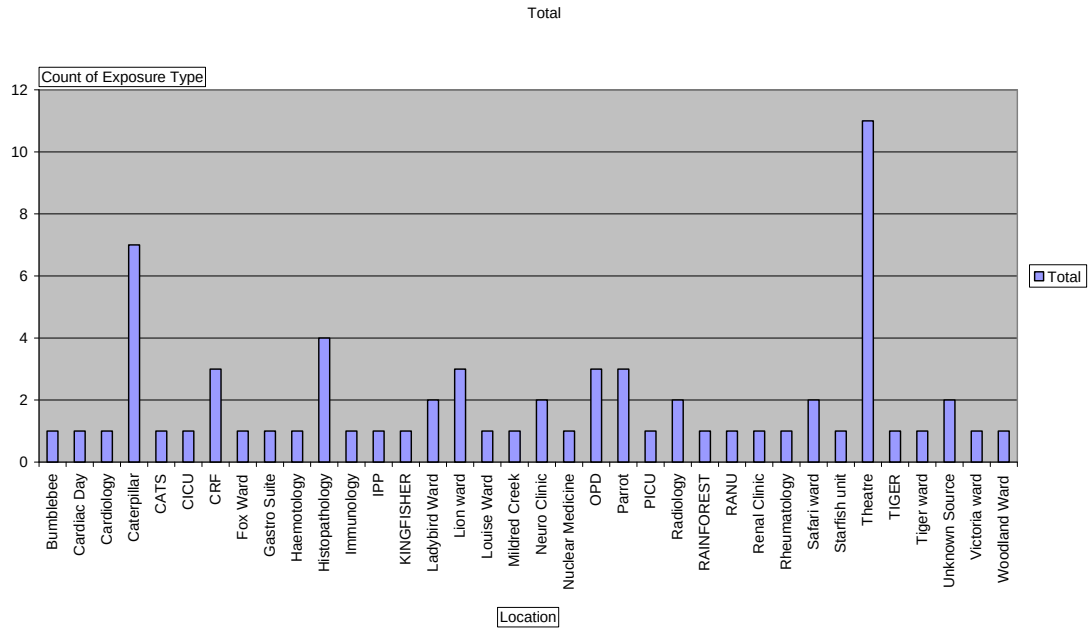




Pan Trust 2010 - 11



Sharps Incidents by Location



Violence/Abuse/Aggression

There were 49 incidents of violence/abuse or harassment reported. This included 15 reported assaults by patients on members of staff. 7 of these incidents were on the Mildred Creek Unit. Of these, 6 were whilst the patient was being restrained. All MCU staff receive specialist PRICE restraint training. New starters attend a 2 day course, and all staff receive annual updates.

The remaining 8 reported incidents happened whilst patients were undergoing procedures. None of the incidents reported were deemed above low severity.

There were 2 incidents of violent behaviour involving parents on the wards. One involved a mother displaying erratic behaviour due to mental health issues. She was escorted off the ward by the Police. The other incident involved parents acting in a violent manner towards each other.

There was 1 reported incident of sexual harassment.

There were 2 incidents reported categorised as ‘Other’ involving the misuse of a Trust laptop and the second involved a parent being agitated at a delay in his child’s treatment.

There were 6 incidents of verbal abuse relating to visitors, these included 3 occasions where parents were abusive toward staff, security attended and if necessary the parent was removed from the Trust. Another incident under this category involved confrontation between two mums regarding a missing mobile phone. The police were contacted by 1 mum to investigate it as stolen, police attended and found insufficient evidence to pursue the case.

21 incidents reported involved staff being verbally abused. These included 11 incidents of staff being verbally abusive to other members of which 6 were reported to their managers. There were 7 incidents of parents abusing staff (1 was a multiple report). 1 incident was reported of a parent and interpreter both verbally abusing a staff member demanding they be seen straight away. There was also an incident of an agency nurse being abusive to staff in theatres. They were excluded from the hospital.

Moderate Incidents reported and subsequent actions (April 01 2010 - March 31 2011)

Incident Date	Location (exact)	Severity	Description	Subsequent Action
29/03/2011	CATS	MOD	While transferring the patient in CICU, staff informed by the nurse in charge that this patient had Norovirus.	Surgical team informed. Called Infection Control Team and also the Theatre Sister.
24/02/2011	LADYB	MOD	Wet paper towel found on floor entrance. Staff nurse slipped on paper landing on their bottom causing pain.	Ambulance called and first aid given by ambulance crew. Staff member taken to UCLH. Staff member had an existing back problem. Returned to work.
21/02/2011	VICTO	MOD	Cleaning toilet when water and toilet cleaner splashed up and hit domestic in the right eye.	Reported incident at 15:30, clinical site practitioner gave treatment then staff member sent to Moorfields eye hospital. The option of eye protection has since been provided for staff by MITIE management.
21/02/2011	PENG	MOD	Play Specialist twisted knee whilst turning. (RIDDOR)	Attended A&E.
11/02/2011	WESTHT	MOD	Various housekeeping /environment problems with Weston House flats reported end of January and February.	Head of accommodation services investigated.
07/02/2011	OTHER	MOD	Staff member banged head on door frame, whilst exiting the carpentry workshop. The door frame had been recently altered to accommodate gas pipeline for new build.	Contacted H&S Team. Also called Occupational Health who advised staff member to go and see his GP. Risk Assessment undertaken by Works department. Controls put in place.

01/02/2011	VCB	MOD	Contractor failed to fire stop holes after boring through walls to lay CCTV cables.	IP Connect was contacted through the ICT department and we was reassured that the works would be resolved immediately. The works are still outstanding. The main risk to the Trust is if this has been repeated across the site as the contractor involved has installed most of the Hospitals ICT cabling within the last few years. Other areas have already been identified. Possibility that ICT contractors are to be managed by Estates department.
19/01/2011	WESTHT	MOD	Child fell out of bed during sleep, cut her ear on bedside table.	Visited A&E for glue and steri strip. Mother present throughout. Accommodation Services Manager investigated. Child was sharing bed with parents and fell from bed.
17/01/2011	OUTPAT	MOD	Flooding of sewage in level 1, frontage building.	Works Department called and due to nature of flooding called in external drainage contractor. MITIE cleaning informed of flood. Company called to place camera in pipes to try to ascertain problem. Investigation undertaken and subsequent controls put in place. Paper towels to be taken out of non-clinical toilets.
05/01/2011	OTHER	MOD	Staff member removed guard from circular saw to cut through an approx 4 inch piece of wood, resulting in staff member cutting finger.	Staff member given first aid and advised to go to Occupational Health and subsequently to A&E in a taxi along with another member of staff. Management case against staff member. Further tool box talks undertaken regarding Workshop safety and employee legal responsibilities.
03/01/2011	SKY	MOD	Parent of patient known to have mental health problems, became increasingly more manic during course of shift.	CSPs called as concerned for parent/staff/patient safety. Eventually police contacted and escorted parent from premises. Professionals met to discuss the care plan of the patient. All Security staff have received conflict resolution training. 8 of the Security Team have now received physical restraint training.
20/12/2010	INTV	MOD	Omnipaque contrast dye splashed into eye.	Eye washed with saline. Contacted occupational health, attended Moorfields eye hospital. Prescribed antibiotics and eye drops.

13/12/2010	OTHER	MOD	Whilst cutting frozen sections on the cryostat, senior BMS accidentally touched the blade in the cryostat and cut through her glove and left middle finger started bleeding.	First aid given. Attended occupational health and given a tetanus jab and hep B booster. Advised to go to A&E at the end of the day which she did.
05/12/2010	XTRNAL	MOD	Sewage leak to trust premises caused by a blocked sewer. Pharmacy patient records stored in the car park were damaged.	Works were unable to deal with the problem as it involved drainage. External contractors called in to assess and assist (Burch Services ltd). They arrived at 2300 and were on site until 0400. They used machinery to clear the blockage in the sewer located in the VCB underground car park in the bulky waste store. Post incident Risk assessment must be undertaken. Following the fire in the Frontage the pharmacy notes were moved to the VCB car park for temporary storage. A risk assessment must be undertaken after each major incident to negate the chance of a recurrence or transferring the risk elsewhere. The health and safety team send out reminders to staff to risk assess or revisit risk assessments previously undertaken.
03/12/2010	NICU	MOD	Pregnant member of staff exposed to 2 patients with ESBL and CMV.	Investigation by Lead Nurse. Infection control contacted and incident investigated. Controls were in place to mitigate the danger of infection to the staff member.
29/11/2010	MICROB	MOD	Diesel fumes emanating from pneumatic tube opening.	Root cause analysis undertaken.
2311/2010	CATER	MOD	Staff member was talking to another member of staff in the wash up room by the door in kitchen. Turned around and hit forehead in the wall. (RIDDOR)	Seen by CSP advised to go to GP if not well in morning, deep cut to forehead.
11/11/2010	LIFTS	MOD	Ward administrator was coming out of lift on level 9 Southwood building and the lift was above ground level by about 7 or 8 inches which the staff member had not noticed as the doors opened. As the staff member stepped out onto the floor, their back clicked. Back felt stiff and gradually worse throughout the day. (RIDDOR)	Incident reported to Works department.

25/10/2010	VCB	MOD	Damage to Occupational Therapy equipment in equipment store following diesel spillage.	All equipment that could be salvaged was professionally cleaned.
19/10/2010	OTHER	MOD	Diesel fuel oil was filled into VCB. Wrong fill point used which serviced a 'part decommissioned' bulk store tank. The pipes were not capped off into the bulk store tank and 3500 litres of diesel were pumped into the tank sump/pit. 1500l spilled over the pit boundary of the redundant tank. Diesel damage and fumes/smells to level 01 VCB West and intensive care unit. Fire brigade contacted and clean up occurred.	RCA completed.
28/09/2010	CDTH	MOD	Whilst doing a level 2 clean a member of staff would not leave the area.	The MITIE contractor informed him that he could not complete his level 2 clean whilst member of staff was on the computer and in theatre. MITIE and Cardiac have since met to discuss the importance of the level 2 cleans and the protocols involved.
20/08/2010	OTHER	MOD	Whilst carrying notes from the Link Corridor, staff member was placing notes into trolley. As staff member dropped them she felt a "rip" motion in left shoulder. As staff member moved shoulder in a circular motion, felt a sharp pain. The notes are naturally bulky so staff member only carries a few at a time.(RIDDOR)	Moving and Handling Trainer contacted and undertook risk assessment to address the problem on a permanent basis. Ongoing issue as there are no lifts in the West Link corridor.
06/08/2010	PICU	MOD	Oxygen bottle standing on the floor next to the bed fell on to the HCA's shin and rolled over her foot.	Ward doctor examined her foot and the CSP suggested she attend A+E. HCA sat for 20 minutes with an icepack on her elevated leg then attended A+E. Incident happened in August. Very difficult to follow up if incidents reported several months after the event. New online incident form will help reduce time lapse in incident reporting.

06/08/2010	Catering	MOD	On going issue. There are currently 30 trolleys for food deliveries, average 22/23 wards per day for patient feed. 7 trolleys are currently broken and waiting repair. Should any other trolleys break, there are concerns on how to provide food to wards. All the trolleys were purchased over 10 years ago and are constantly in use.	Business case for replacements. All trolleys to be calibrated within next two months. All 7 broken trolleys have been sent for repairs.
08/07/2010	LIFTS	MOD	False ceiling of lift fell hitting staff member. Ambulance called. Other members of party in lift uninjured. They included a student nurse and child in lift with father attending pre operative clinic on ward.	Works attended immediately. All lifts were examined across the site. Planned Preventative Maintenance introduced.
30/06/2010	SKY	MOD	Student nurse worked without CRB clearance. On discovery nurse was removed from ward.	South Bank and ward manager informed.
30/06/2010	MICROB	MOD	Staff member fainted whilst at work due to the oppressive, hot atmosphere in the Virology department caused by the failure of the plant which chills the air supply. She was helped to recover in a rest area with better air circulation. She was advised to go home when she had felt well enough to do so. Contributing factors: Chiller unit on air conditioning failure. Monitoring systems inadequate.	Chiller unit restored to full function preventing pathology service and equipment failure and ensure staff safety. Monitored by BMS system.
12/06/2010	HAEMLA	MOD	Staff member went into transfusion lab to do urgent cross match. The air con was cold and draughty and after been in lab for a few min's developed cough and asthma symptoms. While in lab at 3 puffs of salbutamol.	Staff member under care of O/H. Staff member advised against lone working in BT lab. Temperature and relative humidity measured over a seven day period. Readings were found to be at satisfactory levels.
28/05/2010	RAINFO	MOD	Cleaner was trying to clean behind a locker when one of the lockers fell on her right shoulder. She was taken by taxi to A&E and saw her own GP second of June where he signed her off for 2 weeks. (RIDDOR)	Follow up assessment by MITIE.

26/04/2010	MAXFAX	MOD	Blocked drains due to inappropriate use of macerators. This caused a flood in clinical area and loss and damage to clinical equipment.	Training of nursing staff/HCAs during induction/update training on ward equipment and the consequences and cost of misuse of the equipment.
17/11/2010	PLANT	MOD	Gas boiler on line tripped and no one out of hours aware of a boiler fault. VCB, Southwood and MNH buildings hot water and heating began to fail. Patient and staff began to feel cold.	Boiler reset and fired up. Alarm put in place which sounds in switchboard. Weekly tests of alarm in place. Review of all alarms being undertaken.

Health and Safety Committee Annual Plan 2011/12

Agenda Item/Issue	March	May	July	September	November	January
Trust Audit						
Estates Department Results			✓			
Pathology Laboratory Results			✓			
Clinical Area				✓		
Non-Clinical Departments				✓		
Corporate Facilities				✓		
Checklist feedback						
Non – Clinical Checklist Feedback Report.	✓	✓				
Clinical Checklist Feedback	✓	✓				
External Agency Reports/Alerts						
CAS alerts. (NPSA/MHRA/DH)	✓	✓	✓	✓	✓	✓
HSE / Environmental Health						
Reports						
Health and Safety Annual /Quarterly Report	✓	✓Annual	✓		✓	
Fire and Security Annual/Quarterly Report	✓	✓Annual	✓		✓	
H&S walkabout results.	✓	✓	✓	✓	✓	✓
Peat Feedback (Health and Safety relevant parts)		✓				
Stress Survey Report		✓				✓

Moving and Handling Quarterly Report	✓	✓	✓ Annual			✓
Food Hygiene Report						
Works Health and Safety Committee Update	✓	✓	✓	✓	✓	✓
Projects Health and Safety Committee Update	✓	✓	✓	✓	✓	✓
CBL Health and Safety Committee Update	✓		✓		✓	
Infection Control Annual Report			✓			
Policy Ratification						
Health and Safety Policy	✓					
Control Of Substances Hazardous to Health (COSHH)	✓					
Governance Matters						
Audit recommendations update		✓		✓		✓
Annual review of Audit						✓
Review terms of reference	✓					
Review of annual work-plan	✓					
Review of other reports and policies as appropriate e.g. Food hygiene etc.			✓			

ATTACHMENT S

Attachment S

FINAL MINUTES OF THE AUDIT COMMITTEE

Held on 27 April 2011

Present:	Mr Charles Tilley	Non Executive Director and Committee Chairman
	Ms Yvonne Brown	Non Executive Director
	Mr Michael Dallas	Independent Member
	Mr Andrew Fane	Non Executive Director

In attendance:

Mr Roger Brealey	LAC
Ms Lucy Bubb	Deloitte
Dr Jane Collins*	Chief Executive
Ms Fiona Dalton	Deputy Chief Executive
Dr Anna Ferrant	Company Secretary
Mrs Kam Johal	LAC
Mrs Liz Morgan	Chief Nurse and Director of Education
Mr Andrew Needham	Deputy Director of Finance
Mrs Claire Newton	Chief Finance Officer
Mr Aaron Shah	LAC
Mrs Elle Schlaphoff	Minutes Secretary
Ms Nicki Tinniswood	Deloitte

**Denotes a person who was only present for part of the meeting*

1.	**Apologies for Absence**
1.1	Apologies were received from the Acting Assistant Director, Clinical Governance and Safety and Heather Bygrave, Deloitte. The Committee was advised that the Chief Executive would be joining the meeting late. The Chairman welcomed the Chief Nurse and Director of Education who had attended to observe the meeting.
2.	**Minutes of the meeting held 19 January 2011**
2.1	The minutes of the meeting held on 19 January 2011 were received and **approved** as an accurate record.
3.	**Matters Arising and Action Point Checklist**
3.1 3.2	**Minute 110.3 – Non-returned Ultrasound Scanner** The Company Secretary advised Committee Members that the scanner had been auctioned and further investigations were underway. She said that a further update would be provided at the Audit Committee Meeting in June. **Action:** Company Secretary to provide an update on the non-returned scanner at the Audit Committee Meeting in June.
3.3	Mr Fane asked if the new asset tracking system would help to alert the

	Trust to equipment being removed from the premises in the future. The Deputy Chief Executive said that at present the tracking system did not have an alarm system but she would find out whether this would be possible to add at a later date.
3.4	**Action:** Deputy Chief Executive to investigate whether an alarm system could be added to the asset tracking system.
3.5	**Minute 116.4 – Medical Staff Expenses Audit** Mr Brealey confirmed that he had spoken with the auditor who had conducted the audit and was satisfied that the appropriate procedures had been followed. He confirmed that the opinion of reasonable assurance was the professional judgement made by his team.
3.6	**Minute122.2 – Public Summary of Work Completed by the Audit Committee** The Chief Finance Officer advised Committee Members that she intended to create the summary by using key elements from the Annual report. She said that would provide committee members with an outline of the document prior to the Board meeting at the end of May and requested help in locating examples of similar documents from both the public and private sectors.
4.	**Assurance Framework**
4.1	A paper on Assurance Framework was received from the Deputy Chief Executive. She said that the paper contained two sections which reviewed progress against the current risks and suggested revisions to create the new risks for 2011/12. She confirmed that the Audit Committee had reviewed all of the risks that they were accountable for during the past year.
4.2	Mr Fane said that the paper provided a good rationale for the rewording and amending of the 2011/12 risks and he was pleased that the framework document was subjected to a regular review process.
4.3	It was noted that the risks on the Assurance Framework were set on a three yearly basis and progress was assessed annually.
4.4	Ms Brown asked if there had been sufficient vision of the risk relating to reconfiguration. The Deputy Chief Executive said that the Trust needed to agree a way forward based on the lessons leant during previous reconfigurations. The Chairman asked for the matter to be discussed at the next meeting of the Risk, Assurance and Compliance Group (RACG)
4.5	**Action:** Company Secretary to add an item on vision for risk relating to reconfiguration to the next agenda of the RACG.
4.6	The Chairman suggested that a mechanism should be developed to allow risks relating to business opportunity to be monitored by the Trust Board and would be useful for setting ambition.

4.7	The Chairman said that he was concerned that the consolidation of risks could lead to them becoming too general. He said that staff competency particularly of non clinical staff e.g. general managers was directly related to quality and should not be lost.
4.8	The Deputy Chief Executive said that although Risk 1E had been developed as a broad risk to cover issues not addressed elsewhere, flexibility would exist to adjust its remit if it became apparent that certain issues were becoming more significant. It was agreed that the Risk, Assurance and Compliance Group (RACG)should reconsider the risk. **Action:** Company Secretary to add risk 1E to the next meeting of the RACG. In addition, it was requested that the Group ensure that the risks on the Assurance Framework reflected the Clinical Unit top three risks. **Action**: Deputy Chief Executive to ensure that the risks on the Assurance Framework reflect the Clinical Unit top three risks.
4.9	The Chairman said that he felt that risks around not following process and wrong diagnosis should be added to the framework.
4.10 4.11 4.12	The Chairman requested a presentation from the RACG at the meeting of the Audit Committee in June. He asked for it to contain details on how the group works and its decision making processes. **Action:** Deputy Chief Executive to provide a presentation on how the RACG works and its decision making processes at the Audit Committee Meeting in June. The Chief Finance Officer suggested that the presentation could also be given to other Board members as part of their risk training in the development session prior to the Trust Board meeting in June.
4.13	The Chairman asked why the risk relating to delivery of world class clinical outcomes was rated green. The Deputy Chief Executive said that the Trust had successfully delivered the 2010/11 Annual Plan and the clinical outcomes were satisfactory for most services.
4.14	Mr Dallas asked how events external to the Trust influenced the revision of its risk. The Chairman asked for an explanation of the process to be included in the RACG presentation: **Action:** Deputy Chief Executive to include an explanation of how external events influence risk revision in the presentation from the RACG to the Audit Committee.
5.	**Update on the Utilisation of Assets and Capacity (Minute 77.6)**
5.1	An update on the utilisation of assets and capacity was received from the Deputy Chief Executive. She reported that good progress had been made.

5.2	The Deputy Chief Executive described transformation projects that had targeted the asset utilisation of beds, theatres and angio labs. She said that work on the use of the MRI scanner would be completed next. The Chief Finance Officer asked if the outpatients department would be another important area to examine utilisation and capacity. The Deputy Chief Executive agreed that it would.
5.3	The Chairman said that it might be useful to compare current utilisation with a 'best in class' utilisation measure. The Deputy Chief Executive said that a 'best in class' utilisation measure would probably have to be obtained Internationally and because of the way in which healthcare is delivered outside of the UK, would probably show that our competitors used their assets considerably less.
5.4 5.5	The Chairman requested an update on asset utilisation and capacity at the Audit Committee meeting in October. He asked the Deputy Chief Executive to include data for 6-8 additional areas and asked her to find a suitable measure to compare mean utilisation against 'best in class' utilisation. **Action:** Deputy Chief Executive to provide an update on asset utilisation and capacity at the Audit Committee meeting in October including data for 6-8 additional areas and a comparison between mean and 'best in class' utilisation.
5.6	Mr Fane said that the Trust should aim to incorporate new technologies as soon as possible. He advised Committee Members that although a new type of scanner had been available for some time, problems with capacity had delayed its purchase by approximately 2 years. The Chairman suggested that a critical equipment strategy should be developed and the Deputy Chief Executive said that delivery of new technologies was incorporated in Risk 1F.
5.7	The Deputy Chief Executive said that the recently purchased 'Computer Centre' building would provide additional capacity in the Trust. She said that she had received an action at the last Trust Board to speak with the Special Trustees about the potential uses for the space.
6.	**Update on the Safety Culture at Great Ormond Street Hospital**
6.1	An update on the Safety Culture at Great Ormond Street Hospital was received from the Company Secretary on behalf of the Chief Executive. She said that the paper provided an overview of work that had been undertaken to improve delivery of health and safety training and incident reporting.
6.2	The Company Secretary confirmed that the incident reporting system 'Datix' had been rolled out across the Trust and 325 staff had been trained in its use.
6.3	Committee Members asked if there was evidence of incidents that had occurred but had not been reported. The Company Secretary said there was not. The Deputy Chief Executive said that the staff survey provided

	an indication of reporting levels and the last set of results showed that the Estates department was now one of the highest reporters.
6.4	The Company Secretary said that an annual audit cycle had been developed and the results were reported to the Health and Safety Committee on a regular basis. She said that audit work was now more proactive and was one of many ways that had been used to ensure the robustness and effectiveness of the Trust's processes.
6.5	The Company Secretary said that the Health and Safety team had identified a need to re-examine the way in which information relating to Control of Substances Hazardous to Health (COSHH) was presented to staff. The Chairman asked if there were any material concerns relating to COSHH standards at the Trust. The Deputy Chief Executive said that she was confident that there was not.
6.6	The Company Secretary described the different types of Health and Safety training that was now available to staff. She said that the induction and update programme that were mandatory for all staff contained a module that helped to remind staff of their Health and Safety responsibilities.
6.7 6.8	Mr Fane said that the information on the number of staff who had completed health and safety training would be more useful as a percentage of staff who should have received the training. The Chairman asked for the information to be provided in the format requested at the next meeting. **Action:** Company Secretary to provide information on the number of staff who had completed health and safety training as a percentage of staff who should have received the training at the June Audit Committee Meeting.
7.	**High Level Risk Presentation : 6A We may overspend on budgets by not maintaining control of costs and failing to achieve planned CRES targets**
7.1	A report on Risk 6A was received from the Deputy Chief Executive. She said that the Foundation Trust application process had provided a useful opportunity for the Trust to review its approach to cost control and savings and as a result it had now moved to a 2 year savings programme.
7.2	The Deputy Chief Executive said that although the Trust had achieved its external target for CRES in 2009/10, it had only achieved 72% of its internal target. She said that it was usual for internal targets to be set higher than external ones and globally the risk adjusted CRES had been achieved.
7.3	The Chairman asked why the clinical units continued to materially achieve less than 100% of their CRES targets. The Deputy Chief Executive explained that units tended to only include schemes that they were confident in and sometimes schemes that had been included would

	fail to achieve projected savings. It was noted that problems with making year on year savings was also increased by the number of specialised services run by the Trust.
7.4	The Chairman asked what percentage of saving were efficiencies achieved through growth. The Deputy Chief Executive said that information in her report had been presented according to savings type. She said that the savings programme was evolving to match the changing external environment.
7.5	Mr Fane said that it would be useful if information on completed schemes could be included in future report to enhance projections and analysis. **Action**: Deputy Chief Executive to ensure that information on completed schemes is included in future report to enhance projections and analysis.
7.6	The Chairman asked how long CRES savings programmes had been in place. He suggested that the longevity of the initiative should be considered when savings to date are calculated and future savings are proposed. The Deputy Chief Executive said that Service Line Reporting would help to improve these calculations in the future.
8.	**High Level Risk Presentation: 7A We may fail to maintain compliance with regulatory and legislative requirements.**
8.1	A report on risk 7A was received from the Company Secretary. She said that her report provided information on the current controls against the risk and advised Committee Members that a database containing the requirements of Trust's major regulators had been developed.
8.2	The Company Secretary said that requirements had been mapped to the appropriate Care Quality Commission (CQC) outcomes and standard leads had been identified. She said that work with sub-committees to improve accountability for compliance was ongoing.
8.3	The Company Secretary reported that there were plans to utilise the datix system to make useful comparisons with complaints data. She said that at present there were few gaps in the risk controls but a new resource was being identified to help improve day to day monitoring.
8.4	It was noted that external assurance against risk 7A could be obtained from the CQC Quality Risk Profile (QRP) for the Trust and feedback that had been received from an Internal Audit. The Company said that achievements had been reflected in the results of external assessments.
8.5	Mr Fane asked if there was any evidence to suggest a reduction in the current regulatory environment. The Company Secretary said that there was not.
8.6	Committee Members asked if there were any ways to reduce the costs to the Trust of ensuring compliance. The Company Secretary said that understanding the requirements fully was very important. She said that the Trust needed to think carefully about the way in which its data was

	collected an analysed.
8.7	The Company Secretary said that the CQC did not require a formal declaration of compliance with registration standards but evidence of compliance needed to be consistently available. The Chairman asked if the identified standard leads had deputies. The Company Secretary said that this was an issue she would be exploring.
8.8 8.9	The Deputy Chief Executive said that staff had been prepared and advised of the protocols regarding regulatory inspection. The Chairman suggested that presentations from standard leads could be useful during the next year. The Chief Finance Officer suggested that the Committee should discuss the preparation required for NHS Litigation Authority assessment at the meeting in October. **Action:** Company Secretary to arrange presentations from standard leads, including explaining how the evidence is collated, during the next year and add a discussion on preparation required for NHS Litigation Authority assessment to the meeting agenda for October.
9.	**High Level Risk Presentation: 7C The Trust may fail to achieve Foundation Trust status within a defined timescale.**
9.1	A report on Risk 7C was received from the Deputy Chief Executive. The Chairman said that the risk would also be discussed at the next meeting of the Trust Board.
9.2	Mr Fane asked if there was an external deadline for achieving Foundation Trust status. The Deputy Chief Executive said that she believed it was 2014.
9.3	The Deputy Chief Executive said that the Integrated Business Plan would need to be signed off and a decision would need to be made about what changes that have been made to it are significant.
9.4	The Chairman asked if the Trust was aware of the anticipated timescale once the application had been approved for submission to Monitor and whether the score for the risk was optimistic. The Chief Finance Officer said that delays had been experienced since submission to the Department of Health (DoH) but had resulted from questions rather than criticisms of the application.
10.	**Top 3 Risks from Clinical Unit Chairs**
10.1 10.2	A paper on the top 3 Risks from Clinical Unit Chairs was tabled by the Deputy Chief Executive. The Chairman said that the same paper should be submitted to the RACG on a regular basis. **Action:** Deputy Chief Executive to ensure regular submission of a paper on the top 3 Risks from Clinical Unit Chairs to the RACG.
10.3	It was noted that the paper only contained risks from 2 of the Unit Chairs and the Deputy Chief Executive said that there had been some debate as

	to whether the risks needed to reflect those highest on the local risk register.
10.4	The Chairman said that the paper should be produced on a quarterly basis and show how the personal risks selected by the Clinical Units were linked to those on the Assurance Framework.
10.5	Mr Fane asked if unit closures external to the Trust could eventually become a risk to the Trust. The Chief Finance Officer said that it would be dependent on the effectiveness of the commissioning systems in place.
11.	**Unaudited Financial Results for 2010/11 and Annual Accounts Status Report**
11.1	The Chief Finance Officer tabled a paper on accounting policy to be considered in conjunction with the report on Unaudited Financial Results for 2010/11 and Annual Accounts Status Report. She said that the Audit Committee were required to consider the Trust's accounting policy but advised Committee Members that there were largely unchanged form those used in previous years.
11.2	The Chief Finance Officer said that the paper on the 2010/11 results had been produced prior to the submission of the accounts to the DoH. She said that they would now be subject to audit. Mrs Nicki Tinniswood, Deloitte confirmed that no problems had been identified with the template accounts and an interim report had been presented.
11.3	The Chairman asked if the DoH submission had been consistent with the forecast provided in February. The Chief Finance Officer confirmed that it had.
11.4 11.5	Mr Fane asked if patient activity could be consolidated against financial income. The Chief Finance Officer said that she would produce a report for the Audit Committee meeting in June. **Action:** Chief Finance Officer to produce a report consolidating patient activity against financial income for the Audit Committee meeting in June.
12.	**External Audit Update Report**
12.1	The External Audit Update Report was received from Mrs Nicki Tinniswood, Deloitte. She said that the report showed the planning process and gave details of the 'value for money conclusion'. Mrs Tinniswood confirmed that at present no matters of concern had been identified.
12.2	Mrs Tinniswood said that there was a current sector issue relating to the potential removal of the donated asset reserve. She said that removal of the reserve could lead to volatility and the Trust would need to prepare appropriately.
12.3	Mrs Tinniswood reported that proposed changes to the governance

	arrangements of Foundation Trusts would mean that the roles and responsibilities of governors would significantly increase and a greater provision for initial training and induction would need to be made.
12.4	It was noted that the Trust's return on assets ratio was below what was expected. Committee Members asked if there was a way of predicting when it might improve. The Chief Finance Officer said that the ratio improved if assets under construction were excluded. She said that the ratios of other Trusts were not affected in this way because of the use of Private Finance Initiatives.
12.5	Ms Brown asked if the Trust intended to be reassessed under the NHS Litigation Authority Scheme once Foundation Trust status had been achieved. The Chief Executive said that it did and would be aiming to achieve a score of level 3.
13.	**Community Services Governance Arrangements**
13.1	A report of a recent audit of Community Services Governance Arrangements was received from Ms Lucy Bubb, Deloitte. She said that the timescales for the review had slipped but it had now been completed and recommendations had been made in relation to services that may be acquired in the future.
13.2	The Chief Executive said that the management of the Haringey Children's Community Service had highlighted the challenges of creating appropriate governance structures that are equally applicable to both the hospital and service environments. She said that the Trust had acquired the service in crisis and this had had implications for the way in which different issues were approached.
13.3 13.4	The Chairman said that the report was a useful reminder of the requirements for good governance. Committee Members agreed that the report and its action plan should be reviewed in more detail at the next meeting of the Clinical Governance Committee. **Action:** Company Secretary to ensure that the report on Community Services Governance Arrangements to be reviewed at the next meeting of the Clinical Governance Committee.
14.	**Internal Audit Progress Report January 2011 – April 2011**
14.1	The Internal Audit Progress Report was received from Mr Roger Brealey, LAC. He said that in the last period 14 final reports had been issued with an equal number achieving opinions of 'reasonable' and 'significant' assurance.
14.2	Mr Brealey confirmed that the 2010/11 plan was complete with the exception of an audit on decontamination that was in progress.
14.3	The Chairman said that reports attracting high level recommendations should be addressed at the beginning of the progress report.

14.4	The Chairman asked if a process to ensure retrospective Criminal Records Bureau checks for contractors at Trust had been developed. The Deputy Chief Executive confirmed that it had.
14.5	Mr Fane said that he felt that the opinions issued in respect of some audits did not reflect the findings. Mr Brealey said that the overall opinion was formed by taking a balanced view of performance against the control objectives.
14.6	The Committee discussed a high level recommendation relating to user access that had arisen from an audit on the systems management and security of RIS and PACS. The Deputy Chief Executive said that the necessary access requirements would be prioritised in the specification of the replacement system.
14.7 14.8	It was agreed that the ICT Director would provide the Chief Executive and Chief Finance Officer with a briefing on current ICT systems and the plans in place for their maintenance or replacement. **Action:** ICT Director to provide the Chief Executive and Chief Finance Officer with a briefing on current ICT systems and the plans in place for their maintenance or replacement. The approach would be reported to the Trust Board.
14.9	Mr Shah said that there had been significant improvement in the recommendation feedback from the nominated Trust Officers.
15.	**Internal and External Audit Recommendations – Update on Progress with Actions**
15.1	An update on progress against the actions arising from Internal and External Audit Recommendations was received from the Deputy Director of Finance. He said that the weighted assessment score indicated that performance had been 10% better than the previous year.
15.2	The Deputy Director of Finance said that the all recommendations from 2007/08 and 2008/09 had been completed, 5 were outstanding for 2009/10 and 28 recommendations remained for 2010/11.
15.3	Mr Brealey confirmed that progress against recommendation actions was checked when the topics concerned were re-audited at a later date.
15.4	Ms Bubb said that one recommendation made by an audit into recruitment services had not been accepted. The Deputy Director of Finance explained that the circumstances around the action had changed and the detail of these changes. The Committee was advised that this matter was no longer a concern.
16.	**Internal Audit Plan 2011/12**
16.1	The 2011/12 Internal Audit Plan was received from Mr Brealey. He said that there had been extensive consultation on its content and the resulting document was well balanced. He confirmed that the plan would

	be flexible to address issues arising during the year.
16.2	The Chairman asked about the process that was used for the annual review of the assurance framework. Mr Shah said that the review for 2010/11 had recently been completed and had examined the fitness for purpose of the document and its analysis by the RACG. Mr Shah confirmed that he attended RACG meetings as a representative of the Internal Audit team.
16.3 16.4	The Chairman asked for information on the annual review of the assurance framework to be included in the presentation on the RACG that was to be scheduled for the next meeting. **Action:** Deputy Chief Executive to add information on the annual review of the assurance framework to the presentation on the RACG at the next Audit Committee meeting.
16.5	Mr Brealey said that the plan contained a combination of re-audits of previous topics and new topics that were felt to be of use to the Trust. The Chief Executive said that she was satisfied with the content of the plan.
16.6	It was suggested that although the skills of the internal audit team were more applicable to financial systems, the audit plan seemed to be more biased to clinical issues. Mr Brealey confirmed that his team regularly met with the Clinical Audit team to ensure that duplication was avoided and a broad range of topics were covered.
16.7	Mr Dallas asked if the current level of audit coverage was acceptable as it had not changed in recent years. He suggested that if risk had reduced potential savings could be made or additional audits could be conducted in new areas.
16.8	The Deputy Chief Executive said that a planned audit on contracted out services should not include the catering service as it was currently ran in house.
16.9	Ms Bubb said that the role of Quality Accounts was becoming increasingly important and external auditors would be required to provide an opinion on the topic from 2012. She said that provision of internal assurance could be useful for the Trust.
16.10	The Internal Audit Plan 2011/12 was **approved**.
17.	**Counter Fraud Progress Report January 2011 – April 2011 and Draft Counter Fraud Plan 2011/12**
17.1	The Counter Fraud Progress Report and Draft Counter Fraud Plan for 2011/12 was received from Mrs Kam Johal, LAC. She advised Committee Members that the 2010/11Qualitative assessment scores were due for submission on the 6 May and the 2011/12 work plan had the flexibility to accommodate additional cases that may arise during the course of the year.

17.2	Mrs Johal explained that there had been structural changes in the Local Counter Fraud Service. She said that previously high value cases had been investigated by regional teams but cases up to a value of £100k were now investigated by local specialists instead.
17.3	The Chairman asked if the level of fraud investigated at the Trust was comparative to other organisations of the same size and complexity. Mrs Johal said that a recent report released by NHS Protect suggested that the case mix for the Trust was comparable.
17.4 17.5	Mr Dallas asked how underlying weaknesses identified during investigations were fed back to the Trust. Mrs Johal said that reports for each case were discussed with the Chief Finance Officer. Committee Members agreed that recommendations from future Counter Fraud investigations should be included in the audit recommendations report. **Action:** Mrs Johal to ensure that recommendations from future Counter Fraud investigations are included in the audit recommendations report.
17.6 17.7	Mrs Johal confirmed that there were no material differences between the draft work plan for 2011/12 and the previous work plan for 2010/11. The Chief Finance Officer said that there was a need to understand what had been achieved against the previous plan. She said that she would with Mrs Johal to discuss. It was **agreed** that in the future the Chief Finance Officer and Mrs Johal would meet on a quarterly basis to discuss progress against the current plan. **Action:** Chief Finance Officer to meet with Mrs Johal to discuss achievement against the 2010/11 Counter Fraud work plan.
17.8 17.9	The Chairman said that individual topics within the plan needed to be categorised. He requested for an amended plan to be submitted to the next meeting of the Audit Committee in June. **Action:** Mrs Johal to submit an amended version of the 2011/12 Counter Fraud work plan to the Audit Committee meeting in June.
17.10	The Chief Executive asked what the best outcome from the Qualitative Assessment would be. Mrs Johal said that the highest score was 4. She said there had been recent changes to the assessment criteria and she was hoping that the score for the Trust would increase from a 2 to a 3.
17.11	The Chairman asked Mrs Johal to describe what would need to be demonstrated to achieve a score of 2 or 3. Mrs Johal said that a score of 2 would indicate that there were still a number of outstanding actions whereas a score of 3 would indicate a more embedded Counter Fraud culture.
18.	**Draft Head of Internal Audit Opinion**
18.1	The Draft Head of Internal Audit Opinion was received from Mr Brealey. He said that he intended to issue an opinion of 'reasonable assurance' and no causes for concern had been brought to his attention.

18.2	The Chairman asked how the opinion had been calculated and what the Trust would need to do in order to achieve an opinion of 'significant assurance'. Mr Brealey said that the opinion reflected the totality of opinions from internal audit reports produced during the year and more opinions of 'significant assurance' would need to be achieved in order to boost the level of the overall opinion.
19.	**Draft Statement of Internal Control (SIC)**
19.1	The Draft SIC for 2010/11 was tabled by the Chief Finance Officer. She said that the document had been updated to reflect new guidance, its content had been informed by recent discussions at the Risk, Assurance and Compliance Group (RACG) and attempts had been made to triangulate it with the assessment process used by Care Quality Commission (CQC).
19.2	The Chief Finance Officer said that the main control gaps identified were related to compliance with the information governance toolkit. She advised Committee Members that the Trust had reported an SUI on an information governance issue during the previous year.
19.3	It was noted that risk 1F (Lack of appropriate clinical response to the deterioration in children) remained on the Assurance Framework as an amber rated risk. The Chief Finance Officer confirmed that the risk had been considered in detail at the last meeting of the RACG and it was agreed that it would not be identified in the SIC because sufficient progress had been made in strengthening the controls against it.
19.4 19.5	The Chief Finance Officer said that the Chief Executive would be required to sign off the final document. She asked Committee Members to review the document and return any comments to her prior to the 25 May. The Chairman asked for the Company Secretary to send Committee Members a reminder. **Action:** Committee Members to review the draft SIC and return any comments to the Chief Finance Officer prior to the 25 May.
19.6	The Chairman said that the style of the document was important and should be complimentary to the contents of the annual report.
20.	**CQC Registration – Assurance of Compliance with Standards**
20.1	A report on compliance with the CQC Registration Standards was received from the Company Secretary. It was noted that compliance with the standards was reviewed in detail at each meeting of the Clinical Governance Committee. The Chairman asked if it was necessary for the Audit Committee to receive the same report. The Company Secretary said that the paper had been provided in response to a request for an update and would only be provided at future meetings on request.
20.2	It was noted that between February and March risk ratings against 15 outcomes did not change and the rating for Outcome 14 (Supporting Staff) had moved down by one position.

20.3	The Chairman asked what the change in the outcome rating represented. The Company Secretary explained that two new data items had been added on which the Trust had been assessed as worse than expected. She said that the data items related to the way in which assaults on staff were reported and attendance at regional Security Management Meetings. She confirmed that first item was due to requirement to report incidents of restraining mental health patients as an assault on all team members involved rather than just an individual and the second item was most likely due to the way in which the data had been assessed.
20.4	The Chairman said that it was important that learning points obtained from changes in the outcome ratings were either dismissed of fed back appropriately.
20.5	The Company Secretary that an updated rating report recently received from the CQC indicated that there had been an improvement in the rating for Outcome 8 (Cleanliness and Infection Control).
21.	**Update on Whistle Blowing**
21.1	The Chief Nurse and Director of Education reported that one individual had recently contacted her regarding whistle blowing procedure. She confirmed that a member of her team had been commissioned to conduct a review.
21.2	Mrs Johal said that promotion of whistle blowing processes formed part of the work of the Counter Fraud team.
22.	**Annual Review of Audit Committee (Including Updated Decision Log)**
22.1	It was noted that a paper on the Annual Review of the Audit Committee had been due to be tabled but would now be given as a verbal update by the Chief Finance Officer. The Chairman asked if the submission of tabled papers could be avoided at future meetings.
22.2	The Chief Finance Officer advised Committee Members that a regular report on the effectiveness of the Audit Committee was made to the Trust Board in June. She said that for the she would shortly circulate a draft version of the report for consideration and members would be asked to return comments prior to 25 May.
22.3	She said that Appendix B of her paper would include external commentary on Audit Committee effectiveness. She said that although the commentary had originated from the United States it still contained many useful elements.
23.	**Audit Committee Terms of Reference and Work Plan**
23.1	A paper on the Audit Committee Terms of Reference and Work Plan Was received from the Company Secretary. It was noted that the paper contained a proposal that changes to the documents would be outlined in a further paper that would be submitted to the next meeting of the

	Committee in June.
23.2	The Chairman requested that guidance from 'Best Practice' publications should be used to inform the changes that would be suggested.
24.	**Information Governance (IG) Status Report**
24.1	The Chief Finance Officer tabled the IG Status Report. She advised Committee Members that in common with 50% of other London Trusts, Great Ormond Street had received an overall toolkit assessment score of 'not satisfactory' due to a score of 1 on 'Pseudonymisation' implementation.
24.2	The Chief Finance Officer said that it remained important to benchmark IG performance against other Trusts nationally but said that achieving better assessment scores would be challenging because many of the computerised systems used lacked modern security controls. She said information security could be improved by further restriction of access to the systems but could also inhibit the work of the hospital.
24.3	The Chief Finance Officer reported that the completion of IG training was now being monitored but take-up was still not meeting the necessary requirements. The Chief Executive asked if all staff were required to complete the training. The Chief Finance Officer confirmed that the target was 95% but she needed to confirm the exact staff groups that the requirement applied to.
24.4	It was noted that the development of a 'tool box' style talk on IG would be investigated.
24.5	Mr Tilley asked if IG topics were included in the work plan for Internal Audit. Mr Shah confirmed that they were. The Chief Executive suggested that national IG targets could be raised when the Under Secretary of State for Health visited the Trust later in the year.
25.	**Risk 7D : We may not recognise or utilise the potential benefits arising from membership of UCL Partners**
25.1	It was noted that the report on Risk 7D: We may not recognise or utilise the potential benefits arising from membership of UCL Partners had been included for information. The Chairman asked if there were any questions or comments. There were none.
26.	**NHS Clinical Income Funding Plan and Commissioning Contracts 2011/12**
26.1	The Chief Finance Officer reported that the Service Level Agreement (SLA) for London had not yet been signed and the Commissioning Lead would be unavailable until after the forthcoming bank holidays. It was noted that a number of other contracts depended on the finalisation of the London SLA and that it was unusual that it had not already been processed. The Chief Finance said that she hoped to be able to provide assurance on the matter at the Trust Board Meeting in May.

27.	**Working Capital, Losses and Compensations**
27.1	It was noted that there was a typing error in the report coversheet. The Deputy Director of Finance confirmed that debt outside terms had **decreased** by £3.94 million and had not increased.
27.2	Mr Dallas asked if debt owed by embassies in the Middle East should be classed as a higher risk than it was due to current International political and economic situations. The Deputy Chief Executive confirmed that risks presented by these external factors were monitored by the Management Board.
28.	**Trust Wide Risk Register Summary**
28.1	It was noted that the Trust Wide Risk Register Summary had been included for information. The Chairman asked if there were any questions or comments. Mr Fane said that he still felt that there were too many risks on the register. The Chief Executive said that the system for the addition for risks required review and the Deputy Chief Executive said that good categorisation was important to avoid duplication.
28.2 28.3	The Chairman said that it would be good to better appreciate the links between the Trustwide Risk Register and the Assurance Framework. The Deputy Chief Executive said that the structure of the team responsible for risk management was under review. She said that she would ask the Co-Medical Director (ME) to investigate. **Action:** Co-Medical Director (ME) to investigate links between the Trustwide Risk Register and the Assurance Framework as part of the structural review of the team responsible for risk management.
29.	**Fire and Security Report – Jan-March 2011**
29.1	It was noted that the Fire and Security Report – Jan-March 2011 had been included for information. The Chairman asked if there were any questions or comments. There were none.
30.	**Implications of the Health and Social Care Bill for Great Ormond Street Hospital**
30.1	It was noted that the paper on the Implications of the Health and Social Care Bill for Great Ormond Street Hospital had been included for information. The Chairman asked if there were any questions or comments. There were none.
31.	**KPI Performance Report**
31.1	It was noted that the KPI Performance Report had been included for information. The Chairman asked if there were any questions or comments. The Deputy Chief Executive advised Committee Members that the report would be reviewed by the Trust Board in due course.

32.	**Waivers approved by Management Board**
32.1	It was noted that the Waivers approved by Management Board had been included for information. The Chairman asked if there were any questions or comments. There were none.
33.	**Minutes of the Assurance Framework Group / Risk, Assurance and Compliance Group(DRAFT)**
33.1	It was noted that the minutes of the Assurance Framework Group held on 13 January 2011 and 28 February 2011 had been included for information.
33.2	The Chairman asked if the Risk, Assurance and Compliance Group had retained the same membership as the Assurance Framework Group. The Company Secretary confirmed that it had.
34.	**Minutes of the Clinical Governance Committee (DRAFT)**
34.1	It was noted that the minutes of the Clinical Governance Committee held on 16 February 2011 had been included for information. The Chairman asked if there were any questions or comments. There were none.
35.	**Any Other Business**
35.1	The Chairman asked if an update had been received from the Health and Safety Executive regarding an incident that occurred at the Trust in 2009 involving a boiler. The Chief Executive confirmed that an update had not been received.
35.2	Committee Members **agreed** that the Chairman would brief the Trust Board on the following items:- o The submission process for the year end accounts was on track and the accounts were as forecast. o The Draft Internal Audit report on the Assurance Framework had received an opinion of significant assurance. o The Internal Audit plan for 2011/12 had been approved. o The processes relating to the Assurance Framework would be discussed in detail at the next meeting. o The suggested amendments that had arisen from the discussion on the revised Assurance Framework risks.
36.	**Date of the Next Meeting**
36.1	The date of the next meeting was confirmed as 2pm on the 8 June 2011.
37.	**Audit Committee Terms of Reference**
37.1	It was noted that the Audit Committee Terms of Reference had been included for information. The Chairman asked if there were any questions or comments. There were none.

38.	**Audit Committee Work Plan**
38.1	It was noted that the Audit Committee Work Plan had been included for information. The Chairman asked if there were any questions or comments. There were none.

Signed as a correct record of the Great Ormond Street Hospital for Children NHS Trust Audit Committee meeting held on 27 April 2011.

Chairman: ……

Date ……

ATTACHMENT T

Great Ormond Street Hospital for Children NHS Trust

MANAGEMENT BOARD
Thursday 21st April 2011

FINAL MINUTES

Present:

Barbara Buckley (BB)	Co-Medical Director
Sven Bunn (SB)	FT Programme Director
Robert Burns (RB)	Deputy Chief Operating Officer
Cathy Cale (CC)	ICI Unit Chair
Fiona Dalton (FD)	Deputy Chief Executive (Chair)
Carlos De Sousa (CDS)	CU Chair, Neurosciences
Sarah Dobbing (SD)	GM Neurosciences
Martin Elliott (ME)	Co-Medical Director
Cathy Cale (CC)	ICI Unit Chair
Lorna Gibson (LG)	GM Research and Innovation
Allan Goldman (AG)	CU Chair, Cardio-Respiratory
Melanie Hiorns (MH)*	CU Chair MDTS
Elizabeth Jackson (EJ)	CU Chair, Surgery Clinical Unit
Anne Laythe (AL)	GM, Cardiac
Joanne Lofthouse (JL)	International Division
William McGill (WM)	Director of Redevelopment
Liz Morgan (LM)	Chief Nurse and Director of Education
Claire Newton (CN)	Chief Finance Officer
Tom Smerdon (TS)	GM, Surgery
Rachel Williams (RW)	GM, ICI

In Attendance

Sue Conner (SC)*	Project Manager, Care Records Service
Andrea Cuff (AC)	Operational Manager, Medicine
Michael Davidson (MD)	Operational Manager, Medicine
Terry Durack (TD)	Modern Matron
Anna Ferrant (AF)	Company Secretary
Tracey Hughes (TH)	Head of Digital Marketing and Grant (Charity)
Peter Lachman (PL)*	Consultant in Service Design and Transformation
Catherine Lawlor (CL)	PA to Chair & Chief Executive (minutes)
Leslie Miles (LMi)*	Director of Communications
Cho Ng (CN)	Cardiac Intensivist Consultant

**Denotes meeting part attended*

Attachment T

1	**Apologies**	
1.1	Apologies had been received from Jane Collins, Chief Executive. Fiona Dalton chaired the Board meeting. Apologies were also received from Mark Large, Director of ICT and Jacqueline Allan, General Manager, Medicine and DTS; Bill McGill, Director of Redevelopment and Peter Wollaston, Head of Corporate Facilities, Michael Davidson and Andrea Cuff attended on behalf of Jacqueline Allan; Natalie Robinson attended on behalf of William McGill and Terry Durack attended on behalf of Peter Wollaston. Lastly, apologies were received from Allan Goldman, CU Chair, Cardiorespiratory. Cho Ng attended on Allan Goldman's behalf.	
1.2	FD reported that it was RW's last Management Board and her last working day at the Trust. FD spoke on behalf of the Board and commented that they would be very sad to lose her and thanked her for her contributions over the past two and a half years.	
2 2.1	**Minutes of Management Board meeting held on 21 April 2011** The minutes were approved as an accurate record with the following exceptions - item 898.2 the local authority "may" rather than" would" be taking money out of Speech & Therapy and item 896.2 the Unit IR business case was awaiting "implementation" rather than "approval".	
3 3.1 3.2 3.3 3.4 3.5	**Action Log and other matters arising** The following updates were received on the documented actions: 891.8 - End of Life Care Decision Making Policy. AF reported that it required further amendments and would be brought back to the Board in May. 891.10 - Marketing and Communications – Documentaries and Ethics of Filming would be brought back to May Management Board. 849.11 Bid for 4 additional PICU beds. TS would give an update at the next Management Board in May. 849.21 - Honorary Contracts at GOSH. BB agreed to give an update for next Management Board.	
4 4.1 4.2 4.3 4.4	**One Site Project Update** LMi presented the paper which provided an update for the Management Board on the one-site project and invited the Board to provide any input into the site structure and homepage design at this stage. LMi asked the board to note, that the project was on schedule as per the Business Case presented in September 2010. LMi reported that there would be managers nominated from each unit who would be responsible for the content of the information proved on line. Training would be provided in September and October. ME commented that it was a great opportunity for the Trust and Manager who would be responsible for the content and this ought to be built in to their job planning. Management Board **noted** the content of the report and were happy with the	

	direction of travel.	
	Clinical Unit and Zero Harm Reports	
5	**IPP**	
5.1	JL presented the report. JL reported there had been no delays and 7 refused patients in March and it was 7 days since the last SUI. JL reported an SI was declared on 8th April, the patient had since died and a full investigation had commenced.	
5.2	ME asked if Units could notify Medical Directors immediately of any incident that had the potential to be classified as a Serious Incident	
5.3	**Action:** All Units Chairs to notify Medical Directors immediately of any incident that had the potential to be classified as a Serious Incident	Unit Chairs
	Management Board **noted** the content of the report.	
6	**Cardio Respiratory**	
6.1	CNo presented the report. AG reported 5 delays and 2 refusals for the month of March and that it was 52 days since last SUI.	
6.2	CNo reported documentation in patient notes; medication errors and single consultant service as the Unit's top 3 risks.	
6.3	Management Board **noted** the content of the report.	
7	**Infection, Cancer and Immunity**	
7.1	CC presented the report. CC reported 6 refusals and 25 patient delays. CC reported difficulties with medical equipment and reported that they were currently working on resolving this.	
7.2	CC also reported issues with obtaining clinical and lab supplies. Work was being carried out with Finance to resolve this issue.	
7.3	Management Board **noted** the content of the report.	
8	**MDTS**	
8.1	MH presented the paper and reported there was an SUI in the previous week.	
8.2	MH reported the top risks to the unit were CRES, nephrology staffing and interventional radiology.	
8.3	EJ highlighted the issue of a lack of audit trail on PIMS.	
8.4	**Action:** CN to report back to the Board in June on PIMS	CN
8.5	Management Board **noted** the content of the report.	

9	**NEUROSCIENCES**	
9.1	CDS presented the report. CDS reported that it was 9 days since the last SUI occurred. CDS also reported no refusals and 1 delay for patients to the Unit.	
9.2	CDS reported medication errors; inadequate IV access and lack of information sharing regarding child protection issues at handover as the Unit's top 3 risks.	
9.3	Management Board **noted** the content of the report.	
10	**Surgery**	
10.1	EJ presented the report. EJ reported that the last SUI had occurred 15 days ago. EJ also reported 27 patient refusals and no delays to the unit for the month of March.	
10.2	EJ identified the Unit's top three risks as complex patients and post-op ventilation; medication errors/ EP and hospital acquired infections.	
10.3	EJ reported that a formal report from Newcastle was due in 2 weeks about the complex spinal surgery service . The Unit was currently working on the backlog of patients and how to clear it.	
10.4	Management Board **noted** the content of the report.	
11	**GOSH IN HARINGEY**	
11.1	FD gave a verbal update report on GOSH in Haringey. FD reported that the Trust was working towards a transfer to Whittington by 1st May.	
11.2	Management Board **noted** the content of the report.	
12	**R & I Divisional Report**	
12.1	RB presented the report, which included the divisional current activity and forthcoming workplan.	
12.2	RB reported details for those projects which have been called as part of the MHRA inspection (10th-12th May) had been confirmed. Arrangements for a MHRA briefing session, as well as a GCP training day for laboratory staff were underway.	
12.3	The Divisional Board of Research and Innovation had its first meeting, and a summary of the minutes would be circulated at Management Board as of next month. R&D Office staff had been recruited for the GOSH Costings and Contracts Analyst, Industrial Liaison Assistant and Data and Communications Co-ordinator, all of whom would be in post by the end of April. Advertisements for the Senior Research Governance Co-ordinator (band 7) and Clinical Research Facilitator in Experimental Medicine (band 6) were in place.	
12.4	Management Board **noted** the content of the report.	
13	**Key Performance Report**	
13.1	RB presented the report. The following was noted: • In month, the Trust reported 1 case of C. difficile. The Trust had reported a	

	year end total of 11 cases against a trajectory of 9. The Department of Health (DH) had not yet agreed to a paediatric target different from adult. The DH advisory committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) would be presenting our opinion on this again soon. • Inpatients waiting list profile by weeks waiting -Performance had decreased in month with 60 patients reported as waiting over 26 weeks for inpatient treatment. A large majority of these related to surgical specialties, and in particular Orthopaedics who reported 22 long waiting patients. The specialty management team were undertaking demand and capacity analysis of this service. • Outpatients waiting list profile - GP to first consultant appointment. The number of patients waiting over 13 weeks for a first consultant outpatient appointment decreased from a February position of 42 to 32 following data validation. • Clinic outcome form completeness. There were clear differences across Clinical Units and Specialties in the current level of outcome form completeness with some achieving 100% or near and others well below 50%. This had meant that overall level is stalled around 60%. • The Transforming Outpatients Group had discussed and disseminated two methods for achieving improvement in scores currently being carried out by Cardiac and Surgery. Operational and Service Managers had been tasked with following the method best suited to their teams in order to achieve improvement. • Staff who had a current Personal Development Review (PDR) in the last 13 months - Both clinical and non-clinical PDR rates increased slightly to 74% and 75% respectively against a year end target of 80%. Services and departments were encouraged to continue to review staff currently identified as not receiving an appraisal. • Information governance training. The total uptake of training remained low at 23%. The deadline for all staff to complete information governance mandatory training was mid-June. The training was now hosted locally on GOLD. Reports had additionally been sent to managers listing the staff who had not yet undertaken the training. • Mixed Sex Accommodation. There were no formal breaches reported last month.	
13.2	Management Board **noted** the contents of the Key Performance Indicator Report for April 2011.	
13.3	RB presented a deep dive analysis of patient waiting times, including 2010/11 Targets & Performance; Out patients; Cardiac Surgery & Cardiology Inpatient waiting list growth, General Surgery Inpatient waiting list growth & reasons and looked at identifying areas for improvement. The Board discussed possible ways of improving systems.	

Attachment T

14	**Finance and Finance and Activity Report**	
14.1	CN gave a verbal update. CN reported to the Board the initial Year End findings were submitted ahead of deadline. The numbers were in line with our forecasts. CN reported good growth on income, the balance sheet was up and there was good improvement in Cash Flow. CRES targets were achieved. CN thanked everyone for their efforts.	
14.2	**ACTION:** CN to report back to the Board a full analysis of year end & what we've learned.	CN
14.3	FD congratulated the Board on everyone's hard work	
14.4	Management Board **noted** the contents of the report.	
15	**Foundation Trust Application Update March 2011**	
15.1	SB presented the paper which set out the current position for the Trust against the assessment criteria used by the SHA and the Secretary of State for Health to determine readiness for Foundation Trust status.	
15.2	SB reported that the "Evidence of meeting statutory targets" criteria had been rated amber (no change). The number of c. diff cases was over trajectory for the third quarter (10 cases against trajectory of 8.25).	
15.3	The overall "Financially viable" assessment was rated amber (no change). The main financial risks were CRES delivery and commissioner contract requirements.	
15.4	Following the DH review of the application, further work had been completed to revise the integrated business plan (IBP) and the long term financial model (LTFM). Due to delay in receiving feedback from the DH, their decision was now expected in April. This meant that the Monitor assessment would not be completed until September with an earliest authorisation date of 1 October 2011.	
15.5	SB highlighted the key actions for the next month would be: • Complete DH assurance process • Commence election process for the Members' Council • Commence Monitor assessment process.	
15.6	SB reported that there would be a committee meeting on Thursday and it was likely that Monitor would start work in the Trust in May.	
15.7	Management Board **noted** the report.	
16	**Results of 2010 Staff Survey**	
16.1	HC presented the report which summarised the results for Management Board and proposed actions to respond to issues raised from the Staff Survey.	
16.2	Results showed improvement in 6 areas, with deterioration in 2 areas (handwashing and reporting of errors) compared to 2009 scores.	
16.3	FD commented it was nice to see improvement in some areas. FD asked LM & SC to include in to the action plan work to improve communication between senior managers and staff.	

16.4	Management Board **approved** the report.	
17	**Quality Account 2010/11**	
17.1	ME presented the report. The requirement for production of the Quality Account was set out by the National Health Service (Quality Accounts) Regulations 2010. This was the second Quality Account for GOSH. Quality Accounts were available to the public via NHS Choices and our external GOSH website. We were required to report back on the priorities we identified for improvement in last years Quality Account and identify improvement areas for 2011/12.	
17.2	Our three broad priorities were on Zero Harm, Clinical Outcomes and Patient Experience. Improvement initiatives had been identified in each of these areas for 2011/12 which had been developed either from feedback from staff and programmes in the organisations, national targets or campaigns, our commissioners, NHS London and our Members Forum.	
17.3	Management Board **approved** the report.	
18	**Service developments in 2011-12**	
18.1	RB presented the paper. As part of the current business planning round, units were asked to identify the growth that could be delivered from existing resources and that for which revenue business cases were required. Business plans had been drafted by units and would now be compared with CRES and workforce plans to ensure consistency.	
18.2	It was proposed that the frame-work for making decisions on service developments needs to consider how the business case 1. Is this proposal addressing a current patient safety risk? 2. Is this development in one of our strategic growth areas? 3. Is the growth included in our IBP? 4. Who commissions this service? (is there a single commissioner or is the income spread among many?) 5. How profitable is the service? 6. Is this a service that could be carried out in the community? 7. What happens to the patients at the moment?	
18.3	Management Board **approved** the direction of travel of the report.	
19	**Social Communication Disorders Business Case**	
19.1	SD presented the Business Case which sought the Board's approval for additional clinical resource for the SCD Service: • To increase the support to the service to cope with the current volume of work in a safe manner. As a result of changing case-mix and increase in referrals the current clinical team could not manage the workload • To reduce the waiting times for patients waiting for assessment. • To increase the support to the service to allow the service to grow by accepting all referrals to the service.	
19.2	The Board had a discussion how posts such as those in this case ought to be funded in future. It was agreed that they needed to fit within units' overall workforce plans	

19.3	and that this should be checked when VNFs were approved. Management Board **approved** the Business Case	
20	**BMT/Haem-Onc Business Case**	
20.1	RW presented the Business Case to the Board requesting approval to expand BMT and Haematology / Oncology services on Fox, Robin, Elephant and Lion wards (VCB Levels 5 & 6), increasing funded BMT beds from 12 - 14 on level 5 VCB and funded Haem-Onc beds from 28 – 31 on level 6 VCB (as the second phase of last May's successful Haem-Onc expansion business case)	
20.2	Management Board **approved** the Business Case.	
21	**Bumblebee Business Case**	
21.1	JL presented the Business Case to the Board requesting approval to provide Bumblebee Ward with the appropriate facility and staffing to enable it to maximise capacity within current available space and help to meet demand in current International inpatient services. JL asked the Board to: • approve the proposal in principle to proceed with a 2 bed opening and approval to expand to 4 and possibly 6 once demand has been established • agree to the capital bid going to CASP and to commence the refurbishment • Once the income cap was lifted make revenue available to commence recruitment	
21.2	Management Board **approved** the Business Case.	
22	**Squirrel Business Case**	
22.1	TS presented the Business Case to the Board requesting approval for the reallocation of resources within the Surgical Division to provide 8 High dependency beds. The business case asks Management Board to approve the following: • A capital bid to CASP for £200k in order to equip 9 HDU beds (8 beds plus a cubicle for infectious patients). • The nursing and support staff establishment from Louise and Woodland wards are reallocated to Squirrel ward in order to open 22 beds which will include 8 surgical HDU beds • Island Day Care was relocated to Louise ward providing a total of 12 Day Case beds. The additional 4 beds would compensate for the loss of 4 beds resulting from the merger of Louise and Woodland ward. • Extension of the working hours of Island Day Care in order to improve the throughput of Day Case and ambulatory patients within the surgical specialties.	
22.2	Management Board **approved** the Business Case.	
23	**Record Management Strategy**	
23.1	TD reported the strategy that set out an overarching framework for integrating current records management initiatives, as well as recommending new ones. It defined a strategy for improving the quality, availability and effective use of records within the Trust and provided a strategic framework for all records management activities.	
23.2	CC queried if it mentioned pathology. TD agreed that pathology should be included	

	within this strategy and she would ensure that it did.	
23.3	Management Board **approved** the report with clarification.	
24	**Food Hygiene SUI Completion Report**	
24.1	TD presented the paper to confirm to the Board the sign off of the SUI 2010/11284 incorporating the completion of the Action Plan.	
24.2	Following a visit from Mr Sayer Galib (EHO), Camden Regulatory Services it was confirmed that Camden was assured of the following: - 'a lot of work had gone into the development of a new HACCP System and SOP's to prevent further potential of service of unfit food…" - that the key monitoring stage which was considered a probable cause of the incident was now under control and "should prevent an incident of this nature occurring again". - "A new generic HACCP system across the entirety of the Hospital has been developed which will eliminate potential for confusion with staff" It was also noted that the EHO was impressed by the nature in which this incident has been addressed.	
24.3	Management Board **noted** the report.	
25	**Phase 2B Enabling Works FBC**	
25.1	NR presented the business case for investment in the relocation/decants works required to vacate the Cardiac Wing ready for the scheduled start of Phase 2B in August 2013. The works included the creation of Angio/PACU facilities at VCB Level 3, the principles of which were endorsed at Management Board in February 2011. The investment required was £25,918,636 [outturn] the funding for which was being requested from GOSHCC Special Trustees.	
25.2	CN and FD agreed that they would meet separately to discuss the planned works.	
25.3	Management Board **noted** the report.	
26	**Action Plan following the Review of the Trust's Electronic Prescribing and Medicines Administration (EPMA) System**	
26.1	SC presented the report which outlined planned actions following the review of the Trust's Electronic Prescribing and Medicines Administration (EPMA) System. The system was implemented at GOSH in October 2005 and a post implementation review conducted in October 2009.	
26.2	Subsequently a multi-disciplinary review of users' views was conducted during June to August 2010 and a response produced in October 2010. Management Board also considered and agreed recommendations set out in a paper in February 2011.	
26.3	The Board **noted** the report.	
27	**Interim limit on Tier 2 (General – skilled worker) applications – Update**	
27.1	RC presented the paper to the Board informing them about the current limit on the number of Certificates of Sponsorship GOSH can issue, in order to recruit and retain	

	staff from non-EU countries.	
27.2	The Board **noted** the report.	
28	.**Security Policy and Procedure**	
28.1	TD presented this policy, which set out to ensure that the Trust had in place suitable and robust governance arrangements to provide a secure environment that protects all service users, staff, visitors and their property and the physical assets of the	
28.2	organisation.	
28.3	The policy had been reviewed and updated with no major changes from previous.	
28.4	CN queried the accuracy of cross reference section 9. LM queried what local arrangements were there.	
28.5	The policy was **approved** with amendments.	
29	**Equality At Work Policy**	
29.1	SL presented the new policy to supplement the Single Equality Scheme. The policy clarified roles and responsibilities towards equality and diversity within the employment arena and set out what the Trust expected of its staff. It set out how and when equality issues impact on the employment relationship and established how equality would be upheld / maintained and monitored taking into account the provisions of the Equalities Act 2010.	
29.2	The policy was **approved**.	
30	**Managing Poor Performance Policy**	
30.1	SL presented the policy which out lined the Trust's management of poor performance and put forward the following procedure:	
30.2	• Assist members of staff to improve their performance, wherever possible, when such deficiencies exist • Help managers to address performance shortfalls quickly and effectively in order to ensure the efficiency and quality of the services provided by the Trust • Provide a fair and consistent means for managers to deal with performance issues without employing the formal disciplinary procedure • Provide a foundation of evidence / information to be used during the formal disciplinary or attendance / absence processes should the poor performance issues continue or reoccur	
30.3	TS highlighted that 1.3 refers to range of different staff. It was agreed that this would be amended. The policy was **approved** with amendments.	
31	**Nutrition Policy**	
31.1	CJ presented the policy which aimed to make clear staff's responsibilities for meeting the nutrition needs of children and young people to ensure compliance with CQC standard 5 Meeting Nutrition Needs.	
31.2	The policy was **approved**.	

32	**PEAT 2011 Formal Audit Report**	
32.1	TD presented the report which confirmed the findings of the Annual PEAT Audit for 2011. The report detailed the scores achieved, specific positive and negative details and an associated set of recommendations and actions.	
32.2	Management Board **noted** the report.	
33	**Inpatient Experience Survey Results 2010/11**	
33.1	CJ provided information to the board on how the Trust was performing in relation to its goal of delivering an excellent patient experience and exceeding expectations.	
33.2	Management Board **noted** the report.	
34	**Rent Review Update**	
34.1	AF informed the Board that the staff accommodation rent increases of 4.6% was agreed at the November 2010 meeting to commence from April 2011 (minute 747), would now be implemented as of 1st May 2011. The Special Trustees' had approved the proposed rent increase.	
34.2	Management Board **noted** the report.	
35	**Education and Training Committee**	
35.1	Management Board **noted** the contents of the above document.	
36	**Working Lives Group**	
36.1	Management Board **noted** the contents of the above document.	
37	**CASP**	
37.1	Management Board **noted** the contents of the above document.	
38	**Redevelopment Programme Steering Board**	
38.1	Management Board **noted** the contents of the above document.	
39	**Technical Delivery Board Meeting**	
39.1	Management Board **noted** the contents of the above document.	
40	**Waivers**	
40.1	CN request approval for waivers from the following suppliers: Spacelabs Healthcare; Tangent by Neurotechnics; Sysmex; Gaumard; Intergrated Software Solutions; Intergrated Software Solutions and Computer Sciences Corporation.	
40.2	Management Board **approved** the waivers.	

41	**Any other business**	
41.1	There were no items of any other business.	

ATTACHMENT U

Attachment U

Great Ormond Street Hospital for Children NHS Trust

MANAGEMENT BOARD
Thursday 19th May 2011

FINAL MINUTES

Present:

Jane Collins (JC)	Chief Executive (Chair)
Jacqueline Allan (JA)	General Manager, Medicine and DTS
Barbara Buckley (BB)	Co-Medical Director
Sven Bunn (SB)	FT Programme Director
Robert Burns (RB)	Deputy Chief Operating Officer
Cathy Cale (CC)	ICI Unit Chair
Fiona Dalton (FD)	Deputy Chief Executive
Carlos De Sousa (CDS)	CU Chair, Neurosciences
Sarah Dobbing (SD)	GM Neurosciences
Martin Elliott (ME)	Co-Medical Director
Lorna Gibson (LG)*	GM Research and Innovation
Allan Goldman (AG)	CU Chair, Cardio-Respiratory
Melanie Hiorns (MH)	CU Chair MDTS
Mark Large (ML)	Director of ICT
Anne Layther (AL)	GM, Cardiac
Liz Morgan (LM)	Chief Nurse and Director of Education
Claire Newton (CN)	Chief Finance Officer
James O'Brien (JO)	ICI
Tom Smerdon (TS)	GM, Surgery
Peter Wollaston (PW)	Head of Corporate Facilities, General Facilities

In Attendance

Anna Cornish (AC)	Head of General Facilities
Anna Ferrant (AF)	Company Secretary
Catherine Lawlor (CL)	PA to Chair & Chief Executive (minutes)
Graham Mills (GM)*	Assistant Director, Estates
Ewa Raglan (ER)	Consultant Audiology
Chris Rockenbach (CR)	Head of Finance and Information, International Division

**Denotes meeting part attended*

43	**Apologies**	
43.1	Apologies were received from Elizabeth Jackson, CU Chair, Surgery Clinical Unit; Joanne Lofthouse, General Manager, International Division; Peter Wollaston, Head of Corporate Facilities, General Facilities and William McGill, Director of Redevelopment. Ewa Raglan, Chris Rockenbach and Anna Cornish attended the meeting on behalf of Elizabeth Jackson, Joanne Lofthouse and Peter Wollaston respectively.	
44	**Minutes of Management Board meeting held on 21 April 2011**	
44.1	The minutes were approved as an accurate record with the following amendments: • Item and action 5.3 should have read: All Units Chairs to notify Medical Directors immediately of any incident that had the potential to be classified as a Serious Incident. • Item 19.2 should have read: The Board had a discussion how posts such as those in this case ought to be funded in future. It was agreed that they needed to fit within units' overall workforce plans and that this should be checked when VNFs (Vacancy Notification Forms) were approved. • Item 8.1 should have read: MH presented the paper and reported there was an SUI in the previous week.	
45	**Action Log and other matters arising**	
45.1	The following updates were received on the documented actions:	
45.2	891.6 - AF gave the Board an update on consent for email contact between hospital staff and patients and carers. AF reported that the pilot in Nephrology around the use of a generic email address for correspondence with patients had gone well. AF reported that the system would be rolled out and ML was asked to be involved in that process.	
45.3	891.8 AF agreed that clarification on the progress on the expected date of delivery of the final draft of the policy on End of Life Care Decision Making Policy (including DNAR Orders) would be brought back to the June Management Board	
45.4	891.10 It was reported that a discussion with CEC regarding Marketing and Communications – Documentaries and Ethics of Filming was currently pending but would be handled by the new Chair of the CEC.	
45.5	891.13 It was decided that the action regarding Management Board Effectiveness would be brought back to the June Management Board. CN would circulate a tool for evaluating effectiveness of a committee.	
45.6	**Action:** CN to circulate a tool for evaluating effectiveness of a committee. 849.21 BB had produced a draft licence agreement to replace the honorary contract for professionals to enter the hospital for specific purposes, the aim being to speed up the procedures. HR had been involved. CN asked for input from IT and the research department as well, as the previous honorary contract allowed access to IT facilities on site and provided authority to conduct research. BB reported that a final draft would go to Clare Newton. CL was requested to send round a copy to all MB members.	CN

45.7	**Action:** CL to send round a copy of the draft licence agreement which will replace the honorary contract for professional's entry to the hospital for specific purposes to all MB members.	CL
45.8	891.24 LM gave a presentation regarding IV Access/Femoral Lines. The Board had a discussion around the issue of better planning around when a CVC line was needed and how it was monitored. BB & ME agreed to take on this issue.	
	Clinical Unit and Zero Harm Reports	
46	**IPP**	
46.1	CR presented the report. CR reported there had been one arrest, 2 refused patients in April and 39 days since last SI.	
46.2	CR reported the top three risks were Medical cover for IPP patients in NHS beds, crash call volume and medication errors. CR reported progress was being made in order to address these risks.	
46.3	Management Board **noted** the content of the report.	
47	**Cardio Respiratory**	
47.1	AG presented the report. AG reported 72 days since last SI.	
47.2	AG reported medication errors, single consultant service and documentation in Medical Notes as the Unit's top 3 risks.	
47.3	Management Board **noted** the content of the report.	
48	**Infection, Cancer and Immunity**	
48.1	CC presented the report. CC reported 28 days since last SI. CC reported that one of the top three risks which the Unit faced was timely invoice payment: There were plans in place to improve this. Lack of medical equipment and patient beds and Cots and Inpatient Bed Capacity were also issues. Nursing staff recruitment had started for phase 1 of the approved business case. CC also reported on Arrests outside ICU / Theatres.	
48.2	**Action:** BB & ME to come back with a single system regarding active monitoring following an arrest.	
48.3	Management Board **noted** the content of the report.	
49	**MDTS**	
49.1	MH presented the paper. MH reported the top risks to the unit were CRES targets for 2011/12. All targets were identified however, there was a major issue with 2012/13 targets which was work in progress. Currently there was approx £900k identified. Secondly on Victoria Ward: all new starters were in place with a robust education programme to address required competencies. Lastly, the business case had been approved to provide 3 additional Interventional Radiology lists. Nurse vacancies would be advertised shortly.	
49.2	Management Board **noted** the content of the report.	

50	**NEUROSCIENCES**	
50.1	CDS presented the report. CDS reported that it was 37 days since the last SI occurred. CDS also reported 1 refusal in Neurology - vein of Galen neonate diverted to Glasgow as there was no medical cover at the time and 0 refusals in Neurosurgery. CDS also reported that 4 formal complaints had been received.	
50.2	CDS reported medication errors; inadequate IV access and lack of information sharing regarding child protection issues at handover as the Unit's top 3 risks.	
50.3	Management Board **noted** the content of the report.	
51	**Surgery & Deep Dive**	
51.1	TS presented the report. TS reported that the last SI had occurred 73 days ago. TS also reported 3 Surgical refusals, 11 CATS refusals and no delays to the unit for the month of April.	
51.2	TS identified the Unit's top three risks as complex patients and post-op ventilation; medication errors/ EP and hospital acquired infections.	
51.3	TS reported high risk to the CATS service from termination of office lease which required a resolution within the next week. JC asked TS to ensure a resolution was found. TS also reported the risk registers for Head and Neck RAG had been updated. The remainder risk registers were currently being updated.	
51.4	Management Board **noted** the content of the report.	
51.5	TS presented a deep dive on the Unit. TS presented on the WHO safety Checklist; reporting by exception; trends & safety dashboards – CVL infections and hand hygiene; problems in dental and overall level for the units; Medication errors – improvement in prescribing errors although in the last week prescribing error rates had not gone up significantly. AG made the point that in order for a result to be considered significant the rule of 7 points on the run chart ought to apply.	
51.6	TS also reported on clinical outcomes also reported to Transformation Board on Monday. There would be an internal publication in June and an external publication in September.	
51.7	TS also discussed benchmarking and further improvements to outcomes Focus on positive outcomes such as: speech intelligibility; continence; hand function and growth. JC concurred that there ought to be recognition when we are doing well in order to have balance.	
51.8	TS also presented on the overall approach to clinical governance, major review of processes, strategic linking with improvement, new terms of reference for RAGs and appointment of safety and improvement leads	
51.9	FD asked TS to give an update on the complex spinal surgery review. TS gave the Board a background history - 5 patients having complex spinal surgery had died over a year and an independent review took place in February/March. We are waiting for individual reports on the 5 fatalities but themes indicated improvement needed in the following areas: 1 – Decision making and planning – there are now monthly meeting 2 –Improvement in pre op and post op care – agreed changes. 3 – A national register to monitor outcomes would beset up.	
51.10	TS reported that parents would be updated as soon as the final report has been finalised.	

52	**GOSH IN HARINGEY**	
52.1	FD reported to the Board that as of Midnight on Monday (23rd May, 2011) Haringey Children's Services would be transferred to the management of NHS Whittington. There would be an email going out to all users.	
52.2	Management Board **noted** the content of the report.	
53	**R & I Divisional Report**	
53.1	LG presented the report, which included the current divisional activity and forthcoming workplan.	
53.2	• The MHRA inspection was held last week, the outcome for which was no critical findings, 2 major findings, and 7 "other". A full report would be issued to the Office in the next 5 weeks, following which a formal response containing remedial action would be required. This was an excellent outcome and gratitude was expressed to all those who had contributed to this inspection. • The Divisional Board of Research and Innovation meetings had been rescheduled, with the second meeting to take place shortly. • The only outstanding recruitment for the R&D Office staff was the Senior Research Governance Co-ordinator (band 7), and Clinical Research Facilitator in Experimental Medicine (band 6), interviews for which were now scheduled. The new Data and Communications Co-ordinator, Michael Waters, had started and would be visiting clinical units to ascertain research data currently captured. • Arrangements were being taken forward for a new research database (Edge) to replace ReDA, to be actively used within the Office by the end of the summer. • Discussions with other Trusts were taking place with regards to mechanisms they use for staff funded by research projects/ proposals which had clear funding end dates, within the context of GOSH HR policy. • Arrangements with UCL Research Services for EU contracts had been effective as of the 1st March 2011, and operational issues of current EU contract/ audit procedures were being taken forward. • The report listed some of the research applications which the 3 Clinical Research Facilitators had been involved in.	
53.3	Management Board **noted** the content of the report.	
54	**CQC Update**	
54.1	AF gave the Board a verbal update on CQC. AF reported that the trust had received a letter from the CQC advising the Trust that a planned review was underway and requiring the Trust to provide evidence of compliance with 6 standards. A reply had been sent to CQC and they now could either reach a decision based on the information provided or ask for further clarifications or could turn up an unannounced visit.	
54.2	JC asked that thanks be recorded to AF and the team for all the hard work in responding to the CQC request.	
55	**Key Performance Report January 2011**	
55.1	RB presented the report. The following was noted: • C. difficile and MRSA: In April the Trust reported 2 cases of C. difficile,	

	against a year-to-date target of 0.75 (correction 100%). The Trust trajectory for the year was 9 cases. The trust had breached the MRSA annual trajectory of 0 cases for 2011 by reporting 1 case in April 2011. • Inpatients waiting list profile by weeks waiting: Performance had decreased in month with 100 patients reported as waiting over 26 weeks for inpatient treatment. • The overall performance for clinic outcome form completeness had remained steady over the last few months at around 60%, with performance deteriorating to 50% in April. • Both clinical and non-clinical PDR rates had remained level at 73% against a target of 80%. • Information governance training: The deadline for all staff to complete this mandatory training was 17th June. There had been a significant increase in number of staff completing the training in the last month, with the total rate now recorded at 43%. However this was still well below the 95% required. • Mixed Sex Accommodation. There were no formal breaches reported last month.	
55.2	Management Board **noted** the contents of the Key Performance Indicator Report for March 2011.	
56	**Finance and Finance and Activity Report on Financial year 2010/11 (unaudited)**	
56.1	CN presented the report and the following was noted:	
56.2	The draft financial results – subject to audit –reported a net surplus after impairments relating to building revaluations of £7.2m or £8.6m (2.6% margin) excluding the impairment;	
56.3	• Income at £336m (0910 £318m) was ahead of Plan of £323m • Patient activity had grown relative to 0910; Inpatients 5.0%; day cases 1.0% and Outpatients 11% • Fixed assets excluding long term debtors had increased by £71m to £320m, £77.5m being capital additions, a net increase in valuation of £8.0m less depreciation of £13.5m & disposals of £0.6m. • Year end cash had increased to over £32m from £8m due to the combined effect of the net operating surplus, reductions in debtors, increases in creditors, receipt of funding in advance which would be matched by cash expenditure early in 2011/12 and some much quicker payments from PCTs of invoices immediately prior to the year end • The Trust achieved its CRES target	
56.4	Management Board **noted** the contents of the report.	
57	**Foundation Trust Application Update March 2011**	
57.1	SB presented the paper which set out the current position for the Trust against the assessment criteria used by the SHA and the Secretary of State for Health to determine readiness for Foundation Trust status.	
57.2	SB reported that The "Evidence of meeting statutory targets" criteria had been rated amber (no change). Both hospital acquired infection indicators (c. diff – 2 cases; MRSA – 1 case) were above trajectory. It was also noted that the 95th centile of admitted pathway waiting time was over 23 weeks in Nov 10 and Feb 11. This indicator replaced the previous 18 week waiting time indicator.	
57.3	The overall "Financially viable" assessment was rated amber (no change). The main financial risks were CRES delivery and commissioner contract requirements.	

57.4	A response following the Department of Health review of the application was due by 20 May. The delay in receiving the response was likely to cause further delay to the whole programme. The earliest possible authorisation date would be 1 October 2011.	
57.5	SB reported the key actions were: 1. Business cases for priority services 2. CRES plans – risk assessment, clinical sign off, delivery and plans for 2012/13 and 2013/14 3. Top risk – awareness and action plans	
57.6	Management Board **noted** the report.	
58	**Building Management System Tender report & recommendation to award**	
58.1	GM presented the report which sought to update the Building Management System (BMS) to enable energy savings and have the system updated with the 'legacy' work completed before MSCB (Phase 2a) was commissioned.	
58.2	GM sought the Board approval to provide a comprehensive maintenance contract to the BMS.	
58.3	Management Board **approved** the Tender.	
59	**Annual Plan 2011/12**	
59.1	RB presented the plan. Thanks were given to CN for input and AFa for putting this document together.	
59.2	The annual plan sets out our priorities and plans for the delivering the final year of our three year strategic objectives and detailed how the Trust would manage associated clinical, governance and financial risks. The plan was in line with Monitor's requirements for Foundation Trusts.	
59.3	Clinical units and departments had additionally developed their local plans to deliver the Trust objectives. It should be noted that several unit plans were currently in draft form and would be signed off by their clinical unit management team shortly.	
59.4	Management Board **approved** the report.	
60	**Tender for the provision of employment legal services**	
60.1	FD presented the tender and sought Management Board approval for the award of the above contract to Beachcroft LLP, securing high quality employment legal services, achieving a £100,000 per annum CRES.	
60.2	BB reminded the Board that they should not use our Legal Department for employment issues and that Beachcroft should now be used. JC asked for clarification on a system of how to use Beachcroft and the Trust's Legal Department. It was agreed that RC or FD would let the Board know what the new procedures would be and clarification on who to use for what.	
60.3	**Action:** RC or FD to let the Board know what the new procedures would be around use of Beachcroft and clarification on who (Beachcroft/Trust Legal Department) to use for what.	
60.4	Management Board **approved** the Tender.	

61	**Proposal for additional GOSH support in Kuwait**	
61.1	CR presented the paper which sought approval for the provision of additional support to paediatric oncology services in Kuwait and the initiation of a proposal and business case for GOSH to undertake the delivery of Cochlear Implant services in Kuwait.	
61.2	ER raised concerns over training and delivery of service. SB questioned what business model was being used.	
61.3	Management Board **approved** the paper in principal for final approval at Trust Board but emphasised it needed more work.	
62	**Refurbishment of the Miffy Ward**	
62.1	FD presented paper on the refurbishment of the Miffy Ward. Miffy ward cares for long term ventilated patients. These patients required admissions lasting for months at a time. They often wait for key decisions about their longer term care, for their carers to be trained in how to look after them or adaptations to their homes.	
62.2	Miffy Ward was one of the outstanding non-refurbished Southwood Wards and was not planned to move into either phase 2A or 2B. The state of the ward was not satisfactory especially considering the extended length of stay of these patients. This was highlighted in a recent Executive Safety Walkaround. The Miffy refurbishment had been prioritised in the capital plan.	
62.3	The possibility of increased activity had been considered as a potential consequence of the Safe and Sustainable Cardiac review. Potential options were being explored as to how the Trust might be able to increase capacity from the current 5 beds. Some of these options would place Miffy Ward on the critical path for the 2B enabling works and therefore a quick decision was required. It had been agreed that a decision would be made in the next 2 weeks whether or not to expand capacity and which option to pursue and this would properly consider impact on other areas.	
62.4	This refurbishment had been discussed at the Capital and Space Planning Committee on 12 May where there was clear support for the project. The estimated cost of the project was £712,247 without increasing capacity. Doubling capacity would cost twice as much (£1.4M). As the value was over £500K this project required approval from Management Board.	
62.5	It had been identified that this project was suitable for funding by the Friends Charity who meet only three times a year and may be able to fund up to £1M. It was suggested that we submit an outline proposal to the Friends Charity May meeting pending the final agreement of the scope and cost of the works.	
62.6	Once the scope and cost of the works had been finalised the business case would come back to Management Board (and potentially Trust Board if over £1M) for approval.	
62.7	Management Board were asked to: • agree to the Miffy Ward refurbishment • agree that an outline proposal can be submitted to the Friends Charity	
62.8	Management Board **approved** the proposal.	
63	**Action plan for delivering Trust Education Strategy 2011-2012**	
63.1	LM presented the paper which proposed approval for an action plan for delivering the	

	Trust's Education Strategy. The Trust Education five year strategy was approved by Management Board and Trust Board in November 2010. The paper detailed an action plan to deliver the first year of the strategy. The paper also described a framework for managing the delivery of the plan as well as detailing a Board assurance framework.	
63.2	Management Board **approved** the action plan.	
64	**Annual Safeguarding Report**	
64.1	LM presented the paper which provided a summary report of Trust progress, activity and achievements between April 2010-March 2011 and identified areas of development for 2011-2012. The Board was asked to ratify the report and raise any issues or areas of concern.	
64.2	Management Board **approved** the report with the following amendment - Laura Hayman should be listed as one of the key people.	
65	**Summary of key points from 2011/12 commissioning Process**	
65.1	CN presented the report which outlined the key points within commissioning contracts for 2011/12:	
65.2	Financial baselines had been agreed with all commissioners. However, SLAs had only signed with North Central London due to delays in finalising detailed appendices and changes agreed by Specialised commissioners across England.	
65.3	The financial baselines were lower than the Trust's financial plan as had been the case in previous years as individual commissioners had taken out some growth and some high cost activity or exclusions. CN reported that the plan was robust and the growth included in the plan had been based on individual specialty and unit's assessments of likely increases in referrals.	
65.4	CQUINS had been included in SLAs and these lists had been negotiated over the last few months to try and achieve appropriate measures for specialist paediatric services. The paper summarised the key elements which had been included in the GOSH SLA. A meeting was due to be arranged to agree responsibilities and methods of measurement for all these items and it was proposed to meet with individual General Managers on a quarterly basis to keep track of service specific issues in all PCT, LSC and NCG SLAs.	
65.5	It was likely that a large part of GOSH's activity may be commissioned centrally by the National Commissioning Board in the future but it could still mean that the Trust had a number of different commissioners for different specialist services.	
65.6	Management Board **noted** the report.	
66	**Identifying & Linking Duplicate Health Record Registration Policy**	
66.1	AC presented the policy which aimed to tackle the clinical risks associated with duplicate records that had not been merged / linked. Duplicate records were created when the same patient was registered more than once on the Trust's PiMs system.	
66.2	It was reported that all duplicate registrations would be dealt with as soon as possible; linking the registrations on PiMs and physically merging paper case-notes.	
66.3	The policy was **approved** with the following amendment – two laboratory records can merge (pathology merging) should be included.	

67 67.1	**CRES** Management Board **noted** the contents of the above document.	
68 68.1	**Transformation Board** Management Board **noted** the contents of the above document.	
69 69.1	**Technical Delivery Board** Management Board **noted** the contents of the above document.	
70 70.1	**Major Incident Planning Group** Management Board **noted** the contents of the above document.	
71 71.1	**PPIEC** Management Board **noted** the contents of the above document.	
72 72.1	**Waivers** CN requested approval for waivers from the following suppliers: Zeiss; Beckman Coulter and UCL EU Office. Management Board **approved** the waivers.	
73	**Any other business**	
73.1	There were no items of any other business.	

ATTACHMENT V

It is now two years since UCLPartners was designated an AHSC by the DoH international panel, and we are starting to move at pace and scale to enable improvements in health and healthcare through harnessing academia and creating better collaborations across traditional boundaries.

The five Founding Partners created a strong academic back-bone for the Partnership: delivery of a whole system approach is being achieved through expansion of our executive and closer working with primary care.

The emerging operating model is to co-create, develop and release innovations whenever possible, ensuring a minimalist infrastructure (for detail please follow hyperlink UCLP narrative).

There are now 12 established Programmes each with 3-4 core objects that will improve health or healthcare through education, research and/or service improvement. Successes to date include:

- Accredited as a "lead educational provider" for postgraduate medical and dental education with novel training approaches aligned to our programmes and focus on clinical leadership.
- Enabled external grant income >£15m to support the core objectives, 38% increase in early phase clinical trials across the Partners, and major strategic bids where collaboration across partners is crucial (e.g. Proton Beam Therapy, Technology Innovation Centre).
- Supported service development/reconfiguration at scale – e.g .integrated care at Whittington Health, development of the stroke network, consolidation of liver, pancreas, neuro-oncology and ENT surgery, supporting cohesion and progress towards a unified vascular surgery service for patient and population benefit, and proposals for "clinical and corporate support service consolidation" which will come to Partner Boards before August for consideration.
- Agreement to develop a single integrated cancer network across NCL and NEL focused on improved patient experience, earlier diagnosis leading to better outcomes, and enhanced entry into clinical trials to develop new and more effective treatments

We are expanding the partnership further to support a larger population base, greater synergies and enhanced impact. For example there is now a strong Mental Health and Wellbeing Programme with >300PIs, 4 Mental Health Providers covering >2m population and employing 11,000 staff making this the largest such programme in Europe.

We have also welcomed Luton and Dunstable NHS FT to the executive partnership. They are a strong FT serving a major population base with similar needs to inner London, and a long term focus on patient safety.

Barts and the London, Queen Mary and City University are actively considering joining the Partnership. This would enable delivery of a vision across NCL and NEL to create a unique UK AHSS with a strong multi-professional research and educational base on a scale equivalent to Harvard Partners.

David Fish, Managing Director, UCLPartners (www.uclpartners.com)